	ntre Services. well samos A		
Date In: 4/6/18-13:57	Jeb description	Date & Time Completed	Done by
Ref No: NA INCISOR 23/24	SAS e-filing		
Veh No: 574 6767X	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 4/6/18-08:20	i-Motor Claim Form	M7 0997203-001	4/6/18 20:28
	I-Motor W/O (Within: OD 2	hrs, TP 4brs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	ax:
TP Particulars: Veh No: 5	4c13736 . INC	()/Non-INC ()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	\$1,000()/\$2,000()		
General Remarks:-	THE PLAN AND A STAN	HAND WAS SHADE	Con St.
() Walk-In Customer: Customer's			
() Total Loss Case : to e-mail Ins		1	
		Towing Co: (. ,
Remarks:- (INC hotline: 6788 6616			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost) / Courtesy Car ()		
Injury:	· · · · · · · · · · · · · · · · · · ·		
			1928 10 Sec. 10
Date/Time Actions		response and a second second	RESECUTIVE
	4		
1/2	Total Control		Amr (5) Am
NA 180347 6.	Invoice Pr	eparation Checklist	Anit (S) Amil
ALCONOMICS AND ADMINISTRATION OF THE PROPERTY	1) AR : Accide	at Reporting (\$30);	fit Bill Add
almant's Particulars :-	1) AR : Accide 2) DA : Dames	nt Reporting (\$30); e Assessment (\$100); INC (\$8	fit Bill Add
almant's Particulars :-	1) AR : Accide 2) DA : Dameg 3) TF : Towing 4) FT : Follow-	nt Reporting (\$30); c Assessment (\$100); INC (\$8 Fee \$40 Through Survey	10 Add 10) 1/545 5120
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NA 180347 6 alimant's Particulars :- iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge): iditors' Comments :- 1: 2/3:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : idae DA 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost Re-insp *N7: Fost Re-insp *N8: DV / C	nt Reporting (\$30); c Assessment (\$100); INC (\$8 Fee \$40 Through Survey (Resurvey) agoinst INC Only (wef 10 Jan 2003) section A + SMRT Survey tional Services. sy Car / Tpt Allowance Co-ordination spair Inspection ollect Excess Coordination P (Non INC) against INC	Fit Bill Add

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.

	ACCIDENT STATEMENT
Date Of Report	04/06/2018 13:57
Date Of Accident	04/06/2018 08:20
Exact Location Of Accident	SLIP RD PUNGGOL RD TWDS TPE
Country/State of Loss	SINGAPORE
Wiles and Control of the Control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH6767X
Insured/Policyholder	
Name Of Registered Owner	NEO R AND R PTE LTD
Co Reg No	201026086E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90709947
Alternative Phone No	OFFICE-90709947
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G 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	YES
Policy Number	5091812882
Cover Note Number	
Driver	
Name of Driver	YEO HUI YU
NRIC No	S9504551J
Date Of Birth	06/02/1995
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82001123
Fax Number	
Contact Number	OFFICE-82001123
EMail Address	NOEMAIL

BLK 105D EDGEFIELD PLAINS Address

#16-53

824105 Postcode

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

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

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

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)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

2

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, MY VEHICLE WAS STATIONARY ALONG SLIP RD PUNGGOL RD TWDS TPE AS IT WAS CONGESTED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1373G

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

TAY BOON HUA Name of Driver S0181043Z NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER: :

DETAILS OF INJURED PERSON 1

Name

YEO HUI YU

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SJH6767X

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.
- 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.

Policyholdec'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: \$5 #6767X
		B: 54C13736
	TPE	
ACIB		
B		
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
teles to the	tement.	
	16-6	
	/	
*		
DECLARATION I/We declare the forcesoing pa	rticulars are true in every respect.	A
Z (Co. Reg. Mo.) [-]	Y	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder Date & Time:	Name: NRIC/FIN No.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9504551J



Náme

YEO HUI YU

CHINESE

06-02-1995

SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S9504551J

4815514

NRC No. S9504551J

04-01-2012

APT BLK 105D EDGEFIELD PLAINS #16-53 SINGAPORE 824105

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Hello, NAC_PAYA_UBI_80	0601		1000000		The state of the s		Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	ip,				Date of Acc	ident	04/06	/2018 08:20	3
	Vehicle	No.(For Motor)	S3H6767X							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091812882	NEO R AND R PTE LTD	201026086E	GFT	drivo CLASSIC	S)H6767X	SJH6767X	11/06/2017	
					1	Continue				

olicy No.	5091812882	Policyholder Name	NEO R AN		Policyholder NRIC	20102	6086E	
ddress	61 UBI AVENUE 2 #06-05 AL		MART SING	SAPORE 408898				
roduct ame	FLEET INSURANCE	Plan			Group Policy Flag	N		
olicy sue ate	09/06/2017	Effective Date	11/06/20	17 00:00	Expiry Date	10/06/	2018 23:5	59
xcess ype		All Claim Excess						
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100		
dditional xcess	o	OS Premium	0					
lutside ingapore D xcess	2000	Outside Singapore TP Excess	1500			1000	Young/I	nexperience Driver Excess
gent	COWELL INSURANCE (AGEN	ICY) Agent Tel.	6339259	2	GST Flag	Y		
Co- nsurance Flag Open Policy Info Certificate	No							
□ Policy	holder Mailing Address							
Address 1	61 UBI AVENUE 2	Addi	ress 2	#06-05 AUTOMOBI	LE MEGAMAF	Addres	s 3	SINGAPORE 408898
Address 4		Add	ress Type	Singapore address		Post Co	ode	408898
Unit No.	06-05	Rela	ted Policy ber	5091812882				
D Insur	ed Object: SJH6767X							
	sements							
Seque	Date of Endorseme	ent Endorsem Basic Inform Endorsemen	nation	Endorsement Number	Endorse Endorsen Effective	ement S	The option of the control of the con	Endorsement Content hank you for giving us the poprtunity to serve you. We onfirm that the following vehicle mendment(s) is/are made to this olicy: VEHICLE NUMBER FFECTIVE DATE REVISED REMIUM (INCL GST) 1. SLP6061H 2-06-2017 \$1,440.54 2. SLP6118 2-06-2017 \$1,440.54 In view of his amendment, a refund of \$11.8 inclusive of GST) will be adjusted gainst the outstanding premium.
2	13/07/2017 00:00	Basic Inform Endorsemen		000001286598089	Endorser Effective		op control for the first section of the first secti	pportunity to serve you. We onfirm that this policy is extended to cover 2 additional vehicles as pllows: CHASSIS NUMBER FFECTIVE DATE PREMIUM (INCLIST) 1. GK81006738 13-07-2017 1,317.86 2. NRE1610018591 13-7-2017 \$1,317.86 In view of this mendment, an additional premium of \$2,635.72 (inclusive of GST) is anyable under your policy. Please grore this premium payment equest if you have since made anyment. Otherwise, we would uppreciate it if you could make the additional premium of the date of this letter. For cheque anyment, please issue the cheque anyment, please issue the cheque and policy number indicated in the reverse of the cheque. Alternatively, you could also make anyment at any of our branches because of the serverse of the cheque.

laim Handling								
ccident MT/0997200								
Olicy No.	5091812882		Vehicle No.	S3H6767X	4	GST Registration No.		
Noticyholder Name	NEO R AND R PTE LTD	>				Policyholder NRJC	2010260868	
roduct Code	FLEET INSURANCE		Cover Type	drive CLASSIC	1	oeding	0	
Contact No.(Mobile)	90709947		Contact No.(Office)	0	1	Contact No. (Home)	0	
	3//0334/		Special Remark		,	eCode :	he w	
mail Address	Day Over		TCA	® No ⊜Yes		eCode Reason	*** (Marie 17)	
FK				Yes				
CD Protection	No		NCO Entitlement(%)	0		TOWARD THE B		
□ Accident Details							25233000000000000	
aport Date	04/06/2018 20:26		Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear	
ate of Accident	04/06/2018		Time of Accident Nh:mm	08:20		Country of Accident	Singapore	
eporting Centre			Orange Force			IOM No.		
	SLIP RD PUNGGOL R	O TWO S TOP						
codent Location	SELF KE FORGSOCK	D 1400 IFE						
⇒ Benefits								
♥ Excess								
lwn damage Excess		2,000.00	Additional Excess	0		Windscreen Excess	100.00	
rnnamed Driver Excess			Outside Singapore OD Excess		2,000.00			
hird Party Excess		1,500:00	Outside Singapore TP Excess		1,500.00			
GST Registered Informa	ation							
	No.			GST Rest	stration Date			
IST Registered	1.900				is Verified	Yes		
ST Registration No.				331 30410				
todification History.								
Policyholder Mailing Ad	Idress							
ddress 1	61 UB) AVENUE 2		Address 2	#06-05 AUTOMO	BILE MEGAMAI	Address 3	SINGAPORE 408898	
			Address Type	Singapore addres		Post Code	408898	
Address 4	25.22			5091812882	5			
JINE No.	06-05		Related Policy Number	5091012002				
⇒ OI Driver Info								
river Name	Unnamed Driver		Driver Type	Unnamed Driver			1000021222	
nnamed driver Name	YEO HU! YU		Driver NASC	595045513		Driver DOB	06/02/1995	
egister Date of Driver License	07/05/2018		Driver Age	23		Driving Experience	0	
Contact No.(Mobile)	62001123		Contact No.(Office)	0		Contact No.(Home)	0	
Address 1	BLK 1050		Address 2	EDGEFIELD PLA	NS	Address 3	SINGAPORE 824105	
	BUR 1050						824105	
Address 4			Address Type	Singapore addre	is .	Post Code	924103	
Unit No.	16-53							
Does he own a Singapore	and of the section of		Driver Vehicle No.			Driver Insurer Comp	any	
Registered car?	○ Yes ⊕ No		Driver venicle No.					
Registered car?	Ú Yes (⊕) No		Driver versche No.					
Registered car? Declaration Breathelysics on Blood Test	O yes (#) No		Any injury?	® Yes ○No				
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Registered car? Declaration Breathelysics on Blood Test	38 850			® Yes ○No				
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Registered car? Reading? Reading? Reading? Reading New Claim 001 New Claim Type * Contact No.(Mobile) Email Address	0 mg		Any injury? Insured Name Contact No.(Home)	NEO R AND R PI	TE LTO	Contact No.(Office) TP Vehicle Number	SHC1373G	
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Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Concact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation	0 mg OD-MX S6999947 S2H6767X / SHC137	73G ON 4 Jun 2018	Any injury? Insured Name Contact No.(Hame) C0 Vehicle Number Insured Lability *	NEO R AND R PI S3H6767X	▼	Contact No. (Office) TP Vehicle Number Name of Preferred W	SHC1373G	
Registered car's Declaration Dreathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered	0 mg OD-MX 96999947 S2H6/6/2X / SHC132 Ves 04/06/2018 20:26	73G ON 4 Jun 2018	Any injury? Insured Name Contact No.(Home) Ol Vehicle Number Insured Liability * Preferenced Repair Option	NEO R AND R PI S3H6767X	▼	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	SHC1373G SHC1373G	
Registered car's Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Concart No. (Mobile) Email Address Claim Description Preferred Workshop Contact Reguire Finalisation Oate Registered Report Taken By	0 mg OD-MX 96999947 S2H6767X / SHC132	73G ON 4 Jun 2018	Any injury? Insured Name Contact No.(Home) Ol Vehicle Number Insured Liability * Preferenced Repair Option	NEO R AND R PI S3H6767X	▼	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	SHC1373G SHC1373G	
Registered car? Declaration Breathalyser or Blood Tost Reading? Modification History Claim 001 New Claim 19pe * Concact No. (Mobile) Emai Address Claim Description Preferred Workshop Contact No. Regure Finalisation	0 mg OD-MX 96999947 S2H6/6/2X / SHC132 Ves 04/06/2018 20:26	73G ON 4 Jun 2018	Any injury? Insured Name Contact No.(Home) Ol Vehicle Number Insured Liability * Preferenced Repair Option	NEO R AND R PI S3H6767X Not at Fault Preferres Works	shoo, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	SHC1373G SHC1373G	
Registered car? Declaration Dreathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By [2] Print AK letter	0 mg OD-MX 96999947 S2H6/6/2X / SHC132 Ves 04/06/2018 20:26	73G ON 4 Jun 2018	Any injury? Insured Name Contact No.(Home) Ol Vehicle Number Insured Liability * Preferenced Repair Option	NEO R AND R PI S3H6767X	shoo, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	SHC1373G SHC1373G	
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Video List			-			1
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9	NAC_PAYA_UBI_BOOGOT(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2016 20:28	Photos	Normal	Photos 2018-6-4		Edi
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99	NAC, PAYA, UB1, 800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 $\rm 3u$ $\approx 2018\ 20129$	SAS	Normal	SAS 2018-6-4		E
1, -	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2018 20:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-4		Ec
Attachment	Uploaded By/Date	Category	Curgency	Description	Sent? (CO)	Act

http://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do