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	i-Motor W/O (Within: OD 2)	us, TP 4brs)	
OD (TP) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fa	ıx:
TP Particulars: Veh No: Sk	cms656B . INC	()/Non-INC ()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-10	00%]
Year of Registration: ()	Warranty: YES ()/NO()	
	\$1,000 ()/\$2,000 ()		
General Remarks:-			
() Walk-In Customer: Customer's			
() Total Loss Case : to e-mail In:	surer URGENTLY.		
Drive-In ()/Towed-In (); Inv	oice: YES() / NO();	Towing Co: (.)
Remarks:- (INC hotline: 6788 6610		Date& Time Completed	Paneby
		Dates: Time Compressor	New Andrews
) / Courtesy Car ()	-	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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
- 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

Lawrence Mary Spin market from	ACCIDENT STATEMENT
Date Of Report	11/06/2018 14:28
Date Of Accident	08/06/2018 22:00
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
republic recognition and designation of the D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN3854D
Insured/Policyholder	
Name Of Registered Owner	LEE CHEW MENG
NRIC No	S1606464E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97440055
Alternative Phone No	OFFICE-97440055
Vehicle Particulars	
Manufacturer	TOYOTA
Model	MARK X 2.5 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093015729
Cover Note Number	
Driver	
Name of Driver	LEE CHEW MENG
NRIC No	S1606464E
Date Of Birth	08/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1981
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97440055
Fax Number	
Contact Number	OFFICE-97440055

NOEMAIL

BLK 15 JOO SENG ROAD Address

#15-111

Postcode 360016

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? 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)

Passenger 1 NAME: 92

> 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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE STATIONARY STOPPED ALONG LANE 1 PIE (CHANGI) BEFORE EUNOS LINK EXIT AS THERE WAS ANOTHER ACCIDENT OCCUR AHEAD. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR **PORTION**

NO

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

Vehicle Registration Number SKM5656B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHRISTABEL CHAN LI JING

NRIC/Passport Number S9331406I

Contact Number

Address Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:
 - (i) 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.
- 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.

Date & Time:

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Name:

NRIC/FIN No.:

Reporting Centre Personnel

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

assemble out one of the second	
Refer to statement.	

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 Personnel's Signature

Name:

NRIC/FIN No .:





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 1 6 0 6 4 6 4 E

LEE CHEW MENG

Birth Date: 08 Oct 1963

Issue Date: 30 Jul 2009



OU THE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class3 Motor Cars=< 3000kg with =<7 passengers, exclusive 06 Mar 1981 of the driver; and other motor vehicles =< 2500kg

Licence No: S1606464E

NP 428A



Policy No.	5093015729	Policyholder Name	LEE CHEW M	IENG	Policyholder NRIC	S1606464E	
Address	BLK 16 #15-111 JOO SENG ROA	D SINGAPORI	E 360016				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	29/07/2017	Effective Date	31/07/2017	00:00	Expiry Date	30/07/2018 23	:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Υ	
Co- nsurance Flag	No						
Open							
Pólicy Info Certificate Info							
Info Certificate Info	holder Mailing Address						
Info Certificate Info Policyl	holder Mailing Address BLK 16 #15-111	Addre	ess 2	JOO SENG ROAD		Address 3	SINGAPORE 360016
Info Certificate Info Policyl Address 1			ess 2 ess Type	JOO SENG ROAD Singapore address		Address 3 Post Code	SINGAPORE 360016 360016
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nfo Certificate info Policyl Address 1 Address 4 Jnit No. Insure	BLK 16 #15-111 ed Object: SKN3854D sements	Addre Relat Numl	ess Type ed Policy	Singapore address 5093015729	Endorsemen	Post Code	-2-4-97

Accident MT/0998222								
Policy No.	5093015729		Vehicle No.	SKN3854D	GST Registration No	b.		
Policyholder Name	LEE CHEW MENG				Policyholder NR3C		\$1606464E	
Product Code	PRIVATE CAR INSURA	NOE	Cover Type	drivo CLASSIC	Loading		0	
Contact No.(Mobile)	97440055		Contact No.(Office)	0	Contact No.(Home)		0	
mail Address	27440000		Special Remark	*.	eCode		N. Y	
	GW CW			8 to 0000			100.50	
(FK	® No ○ Yes		TCA	® No ○ Yes	eCode Reason			
ICD Protection	No.		NCD Entitlement(%)	50	Private Hire		No.	
Accident Details	111100000000000000							
eport Date	11/06/2018 19:04		Accident Report Within 24 hrs	Yes	Accident Type		Collision - Head to Rea	5
ate of Accident	08/06/2018		Time of Accident Nhomm	22:00	Country of Accident		Singapore	
eporting Centre			Orange Force		ICM No.			
ocident Location	PSE (CHANGI) BEFORE	EUNOS LINK EXIT						
♥ Benefits								
* Excess								
wn damage Excess		600.00	Additional Excess	0	Windscreen Excess		100.00	
nnamed Driver Excess		0.00	Outside Singapore OD Excess	600.00				
wird Party Excess		0.00	Outside Singapore TP Excess	0.00				
GST Registered Inform	ation							
ST Registered	No			GST Registration Date				
ST Registration No.	740			GST Status Verified	Yes			
Sodification History				0.000.000000000000000000000000000000000	100			
♥ Policyholder Mailing A	ddress							
ddress 1	BLK 16 #15-111		Address 2	JOO SENG ROAD	Address 3		SINGAPORE 360016	
ddress 4			Address Type	Singapore address	Post Code		360016	
Init No.			Related Policy Number	5093015729	Fem code		300010	
OI Driver Info			Helenen sorry murrors	3093015/29				
river Name	LEE CHEW MENG		Driver Type	Main Driver				
Mnamed driver Name	SEC CHEW PICHES		Driver NRIC	51006464E	Driver DOB		08/10/1963	
	DE 453 (1.58)							
egister Date of Driver License			Driver Age	54	Driving Experience		37	
ontact No. (Mobile)	97440055		Contact No.(Office)	0	Cantact No.(Home)		0	
Iddress I	BLK 15		Address 2	JOO SENG ROAD	Address 3		SINGAPORE 360016	
	BCK 13		Address Type	JOO SENG ROAD Singapore address	Address 3 Post Code		SINGAPORE 360016 360016	
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Attachment		Uploaded By/Date	Category	7	Urgency	Description	Sent? Action (CO)
	NAC_PAYA_UB1_800601(NATIO	onal assessment centre services) on 11 July 2018 19:11	NRJC/ Driving License		Normal	NRIC/ Driving License 2018-6-11	Edit
20	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 11 July n 2018 19:11	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-11	Edn
ATTA MES	NAC_PAYA_UBI_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 31 July n 2018 19:11	NRIC/ Driving License		Normal	NR3C/ Driving License 2018-6-11	Edit
**3	NAC_PAYA_UBI_800601(NATIO	OWAL ASSESSMENT CENTRE SERVICES) on 11 July 0 2018 19:10	SAS		Normal	SAS 2018-6-11	Edit
34 1	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 11 July n 2018 19:10	Photos		Normal	Photos 2018-5-11	Edit
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