Date In: 12/6)18-15:30	Jeb description		Date &Time Completed	Done b),
Ref No: NA INC 1801 0757 24	SAS e-filing				
Veh No: JCT86122	E-mail (within \$1	nrs, AIC 2hrs)			
	i-Motor Claim		M/laga Sunt-001	12/6/18 19	:41
D.O.A: (1)6/18-20:05	i-Motor W/O	(Within: OD 2hrs			02000
OD / (TP / Reporting Only	i-Photo Uploa	-	1		
	Assessment/Sur		1		
TP Insurer:	Ass't Report by		o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax:	
TP Particulars: Veh No: ()		INC()/Non-INC()		
Owner / Driver: (In I I I I		Tel:)	
Policy No: ()	Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
	6) [Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. F: 80	-100%]	y essential.
Year of Registration: () Warranty: YES ()/NO()		N = 38
	\$1,000 ()/\$2,000 ()			
General Remarks:	The second secon			STATE STATE	1
() Walk-In Customer : Customer's	1 1410 1 1411 1 1				A A PAGE
Drive-In ()/ Towed-In (); Inv	6) `		Date& Time Completed	Done	by
Remarks;- (INC horline: 6788 661			Date&Timb Completed	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 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.
- 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

AND OTHER CONTROL OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	12/06/2018 15:30
Date Of Accident	11/06/2018 20:05
Exact Location Of Accident	CAIRNHILL RD TWDS ORCHARD RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ8612Z
Insured/Policyholder	
Name Of Registered Owner	WON YIDA
NRIC No	S8623709A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98171592
Alternative Phone No	OFFICE-98171592
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	5085225793-01
Cover Note Number	
Driver	
Name of Driver	WON YIDA (WEN YIDA)

Name of Driver

S8623709A NRIC No 12/08/1986 Date Of Birth INDOOR Occupation 11/04/2007 Date Of Driving Pass

11 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-98171592

Fax Number

OFFICE-98171592 Contact Number

NOEMAIL EMail Address

63 JALAN SONGKET Address

537434 Postcode

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? 2 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. 1 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

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

NO

SHA1771B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

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 & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling	g along cuirnhill rout toward orchard round. I was
turning left t	toward Orchard routhsudgenly I felt a huge impact
the left s	side of my vehicle. I got down and realised that
Phicle B (SHA)	771B) tries to Eut into my lane and hit onto me on my own lane
	o't my own lane
71	
angenio de la gelación de la gelació	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel'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: 11/6/18	(DD/MM/YY) Time: 8:03 pm	(HH:MM)
Exact location of accident	Cairnhille road	toward Orchard road	

Details of vehicle

Vehicle registration number	5kJ8612Z			
Vehicle make and model	Mad Macdon 3			
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:			
Vehicle category	Private Commercial Motorcycle			
Purpose of using at said time	On the way to mere + Frient			
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim Reporting only □			

Insurance information

Insurance company	NTUE .		
Policy number	5085225793	01	
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	WUN TIDA	Male o	Female D
NRIC / Fin / Passport number	58623709A		
Contact	98171592		
Address	63 Jalan songket 56537434	.)	

Driver

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

Name			Male 🗅	Female 🗆
NRIC / Fin / Passport number				
Contact				
Address				
Email address			77-2	
Date of birth				
Occupation	Indoor 🗆	Outdoor 🗆		
Driving date pass	1			

General information of the accident

Was driver an employee of the insured's company?	Yes. If no, rela	No □ ationship of the	driver and insured	:
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear o	Raining 🗆	Others:	
Road surface	Dry	Wet 🗆	***************************************	
No of passenger	1			(Inclusive of driver)

Passenger 1

Name	WON YI)A	
Gender	Male	Female □	

Passenger 2

Name			
Gender	Male 🗆	Female 🗆	

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.Z	If yes, please state which police station.
Police station name		A	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SHA1771 B
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	8
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name .	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

News	 		The second secon	 	1000
ivame		1000			

Witness 2

1

Name		113 Marie
ivaille		

Injured person 1

Name	1	1
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	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 🗆 No 🗅	

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 🗅



SINGAPORE

5726612



Date of Issue

08-04-2017

63 JALAN SONGKET SINGAPORE 537434

REPUBLIC OF SINGAPORE DRIVING LICENCE Liberce Number: S8623709A WON YIDA (WEN YIDA) Birth Date: 12 Aug 1986 Issue Date: 11 Apr 2007

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

Motor Cars=< 3000kg with =<7 passengers, exclusive 11 Apr 2007 of the driver; and other motor vehicles =< 2500kg

NP 428A



								Gene	ralClaim
			The state of the s	JOSEP COLUMN	. (hange Lan	guage ,	Change Passwo	rd + Log Oc
Polic	y Query								
licy No).				Date of Acci	dent	11/06/	2018 20:05	
hicle f	No.(For Motor)	SKJ8612Z							
					Search				
elect	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5085225793- 01	WON YIDA	58623709A	GPC	drivo PREMIUM	SKJ8612Z	SKJ8612Z	27/10/2017	26/10/2018
	licy No	5085225793-	elect Policy No. 5KJ8612Z Policyholder Name 5085225793- WON YIDA	elect Policy No. Policyholder Name NRIC 5085225793- WON YIDA S8623709A	elect Policy No. Policyholder Name Policyholder Product Name NRIC Product S085225793- WON VIDA S8623709A GPC	Policy Query licy No. Date of Acci chicle No.(For Motor) SKJ8612Z Search Search Policyholder Name NRIC Product Cover Type 5085225793- WON YIDA S8623799A GPC drivo PREMIUM	Policy Query licy No. Date of Accident SKJ8612Z Search Search Policyholder Name NRIC Product Cover Type No. 5085225793- WON YIDA S8623709A GPC drive PREMIUM SKJ8612Z	Policy Query licy No. Date of Accident 11/06/ Incide No. (For Motor) SKJ8612Z Search Search Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. Object 5085225793- WON YIDA 58623709A GPC drivo PREMIUM SKJ8612Z SKJ8612Z	Policy Query licy No. Date of Accident 11/06/2018 20:05 Search Search Policy No. Policyholder NRIC Product Cover Type Vehicle No. Object Date 5085225793- WON YIDA 58623709A GPC drive PREMIUM SKJ8612Z SKJ8612Z 27/10/2017

Seque	nce Date of Endorsem	ent	Endorsemen	t Type	Endorsemen	t Status	Endorsement Content
	sements						
D Insure	ed Object: SKJ8612Z						
Jnit No.		Relat Num	ed Policy ber	5085225793-01			
Address 4			ess Type	Singapore address		Post Code	537434
Address 1	63 JALAN SONGKET	Addr	ess 2	CHARLTON PARK		Address 3	SINGAPORE 537434
Policy	holder Mailing Address						
Certificate Info							
Policy Info							
Open							
Co- insurance Flag	No						
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119		GST Flag	Υ	
Excess		TP Excess			100000000000000000000000000000000000000	0.00	
Outside Singapore OD	600	Outside Singapore	0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	.0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type		All Claim Excess					
Policy ssue Date	08/10/2017	Effective Date	27/10/2017	00:00	Expiry Date	26/10/2018 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	63 JALAN SONGKET CHARLTO	N PARK SINGAP	ORE 537434				
Policy No.	5085225793-01	Policyholder Name	WON YIDA		Policyholder NRIC	S8623709A	

aim Handling						
cident MT/0998445						
icy No.	5085225793-01		Vehicle No.	5K38612Z	GST Registration No.	
licyholder Name	WON YIDA				Policyholder NR3C	\$8623709A
oduct Code	PRIVATE CAR INSURAN	GE.	Cover Type	drivo PREMIUM	Loading	0
react No. (Mobile)	98171592		Contact No.(Office)	0	Contact No. (Home)	0
nail Address			Special Remark		eCode	No. V
ĸ	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
				30	Private ritre	No
D Protection	No		NCD Entitlement(%)	30	cowage race	100
P Accident Details					SENSENDE LINES CO.	and the second s
port Date	12/06/2018 19:39		Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	11/06/2018		Time of Accident Nh:mm	20:05	Country of Accident	Singapore
parting Centre			Orange Force		ICM No.	
ordent Location	CAIRNHILL RD TWDS O	DECHARD SD				
Benefits	CHINATEL NO THESE	That seems the				
Excess					0177 55	02000
n damage Excess		600.00	Additional Excess	•	Windscreen Excess	100.00
named Driver Excess		0.00	Outside Singapore DD Excess	600.00		
rd Perty Excess		0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	ation					
Registered	No			GST Registration Date		
Registration No.				GST Status Verified	Yes	
Incation History						
Elizabeth (C						
Policyholder Mailing Ad	dress					
ress 1	63 SALAN SONGKET		Address 2	CHARLTON PARK	Address 3	SINGAPORE 537434
oress 4	**************************************		Address Type	Singapore address	Post Code	537434
			Related Policy Number	5085225793-01	MINOUS NEWS	50000000
il No.			Metaces Louisy Jenuary	5003228773-01		
OI Driver Info						
ver Name	WON YIDA		Driver Type	Main Driver	Driver DDB	12/08/1986
named driver Name			Driver NR3C	58623709A		
gister Date of Driver License	11/04/2007		Driver Age	31:	Driving Experience	11
ntact No (Mobile)	98171592		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	63 JALAN SONGKET		Address 2	CHARLTON PARK	Address 3	SINGAPORE 537434
Idress 4			Address Type	Singapore address	Post Code	537434
of No.	120 250					
ies he own a Singapore	Yes (a) No		Oriver Vehicle No.		Driver Insurer Company	
sgistereu carr						
claration				O to the Carlo		
claration eathalyser or Blood Test	0 mg		Any injury?	○ Yes ⊕ No		
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ogistered car? Caration eathalyser or Stood Test eading?	0 mg		Any injury?	○ Yes ® No		
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Attachment		uploaded By/Date	Category	P Urgency	Description	Msg Sent? Action (CD)
4" "E	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 12 July n 2018 19:43	NRIC/ Driving Ucense	Normal	NRSC/ Driving License 2018-6-12	Edit
90	NAC_PAYA_UBI_800601 NATI	ONAL ASSESSMENT CENTRE SERVICES) on 12 July 2018 19:42	SAS	Normal	SAS 2018-6-12	Edit
0	NAC_PAYA_UBI_ROOGDL(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 12 July 8 2018 19:42	Photos	Normal	Photos 2018-6-12	Edit
1	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) on 12 July 19-42		Photos	Normal	Photos 2018-6-12	Edit
	NAC_PAYA_UBI_BD0601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 12 July n 2018 19:42	Photos	Normal	Photos 2018-6-12	Edit
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6	NAC_PAYA_USI_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 12 July 6 2018 19:42	Photos	Normal	Photos 2018-6-12	Edit
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▽ Video List	Uproaded By/Date	Folder Date	File Name	9	Source	Action