	tre Services N	10 10 1	711804-1200		
Date In: 20 / 6/18 - 09 : 33	Jeb description		Date & Time Completed	Done	e by
Res No: NA/INC 180/1236/24	SAS e-filing				
Veh No: SAR 2010E	E-mail (within Sh	nts, AIC 2hrs)			
D.O.A: 20/6/18-07:20	i-Motor Claim	Form	M710999425-001	20/6/18	20:19
OD / TP / Reporting Only	i-Motor W/O	(Within: OD 2hrs			
OD : 1P : Reporting Only	i-Photo Uploa	ded			
TP Insurer:	Assessment/Sur	vey Report			
Tr insurer.	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	- 1
TP Particulars: Veh No: 61	3418976	. INC()/Non-INC()	G	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
			%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	,000 ()/\$2,000 ()	American American	498 CH 19.0	
General Remarks;-				Con Files	<u> </u>
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO		owing Co: (Done) by
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		Control of the Contro			20
Apply for Transport Allowance ()/	Courtesy Car ()				
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1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury:	Courtesy Car ()			The second second	A Control Pro-
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Fime Actions NA 1803898 Inimant's Particulars :-	() () () () () () () () () ()	nvoice Prep) AR : Accident I) DA : Damage A	aration Checklist Reporting (530); Assessment (\$100); INC (\$20)	MBIII	
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Fime Actions NA 18 0 3898 Inimant's Particulars :-	() () () () () () () () () ()	invoice Prep) AR: Accident) DA: Damage A) TF: Towing Fe) FT: Follow-Th	aration Checklist. Reporting (\$30); ISSESSMENT (\$100); INC (\$8 TOUGH SURVEY	fit Bill 0) /545 5120	
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions NA 18 0 3898 Lumant's Particulars:- river/Owner:	Courtesy Car () () \$3000] () 1 1 2 3 4 5	nvoice Prep) AR: Accident)) DA: Darnage A) TF: Towing Fe) FT: Follow-Th For claiming as	ar ation Checklist. Reporting (\$30); Inc. (\$8	75 Bill (0) (7545 5120 530)	
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 0 3898 Lumant's Particulars: iver/Owner:	Courtesy Car () () \$3000] () 1 1 2 3 4 5	nvoice Prep) AR: Accident) DA: Damage A) TF: Towing Fe) FT: Follow-Th For claiming as) TR: Re-inspect	aration Checklist Reporting (\$30); Issessment (\$100); INC (\$8 Fough Survey rough Survey (Resurvey) Single JNC Only (wef 10 Jan 2005) ion	75t Bijl 0) /545 5120 530	
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 0 3898 Lumant's Particulars: iver/Owner:	Courtesy Car () () \$3000] () 1 1 2 3 4 5	Invoice Prep AR: Accident DA: Darnage A TF: Towing Fe FT: Follow-Th For claiming ag TR: Re-inspect N1: Idae DA + NTUC Addition	aration Checklist Reporting (\$30); Issessment (\$100); INC (\$8 Fough Survey rough Survey (Resurvey) Point INC Only (wef 10 Jan 2005) INC Only (wef 10 Jan 2005) INC Only (wef 10 Jan 2005)	75 Bill 0) //\$45 \$120 \$330) \$75	
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions NA 19 0 38 98 Laimant's Particulars :- river/Owner: ontact No: amaged Portion:	Courtesy Car () () \$3000] () 1 1 2 3 4 5	nvoice Prep) AR: Accident) DA: Damage A) TF: Towing Fe) FT: Follow-Th For claiming as) TR: Re-inspect) N1: Idae DA +) NTUC Addition OD*	aration Checklist Reporting (\$30); Issessment (\$100); INC (\$8 Fough Survey rough Survey (Resurvey) Point INC Only (wef 10 Jan 2005) INC Only (wef 10 Jan 2005) INC Only (wef 10 Jan 2005)	75 Bill (0) (/\$45 \$1120 \$30) \$75 \$160	
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Fime Actions NA 18 0 38 98 Lumant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car () () \$3000] () 1 1 2 3 4 5	nvoice Prep AR: Accident DA: Damage / FF: Follow-Th For claiming as TR: Re-inspect N1: Idae DA + NTUC Addition OD* N5: Courtesy N6: Repair Co N7: Fost Repair N8: DV / Colle	aration Checklist Reporting (\$30); Issessment (\$100); INC (\$8 Fough Survey rough Survey (Resurvey) Signst INC Only (wef 10 Jan 2005) ion SMRT Survey hal Services: Cer / Tpt Allowanse Cordination Inspection Set Excess Coordination	75 Bill (10) (15) (15) (15) (15) (15) (15) (15) (15	
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in part of the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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	20/06/2018 09:33
Date Of Accident	20/06/2018 07:20
Exact Location Of Accident	SLIP RD INTERNATIONAL RD TWDS PIONEER RD NORTH
Country/State of Loss	SINGAPORE
CHARLES STATE OF THE STATE OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGR2010E
Insured/Policyholder	
Name Of Registered Owner	KHOO BEE LAN
NRIC No	S1371078C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97803669
Alternative Phone No	OFFICE-97803669
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E 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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5026359370-10
Cover Note Number	
Driver	
Name of Driver	SIM YI WEI, EUGENE (SHEN YIWEI)
NRIC No	S8740664D
Date Of Birth	13/12/1987
Occupation	INDOOR

11/05/2007

MALE

NOEMAIL

11 YEARS AND 1 MONTH

(LOCAL) +65-97577515

OFFICE-97577515

Address BLK 60 NEW UPPER CHANGI ROAD

#16-1208 461060

Postcode 461

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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, VEHICLE B WAS ON STATIONARY POSITION. I ACCIDENTALLY HIT ONTO VEHICLE B REAR PORTION.

1

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 GBH1897G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MR HAN

NRIC/Passport Number

Contact Number 98534930

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 .:

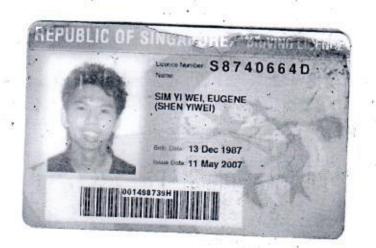
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PIONEDE L'ON TITO	A: S6R2010E B: 68418979
	R. G. Pillega
	G: 418418419
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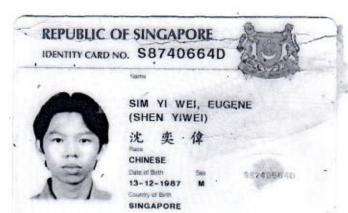
Policyholder's Signature Date & Time: Driver's signature (If driver is not the policyholder)

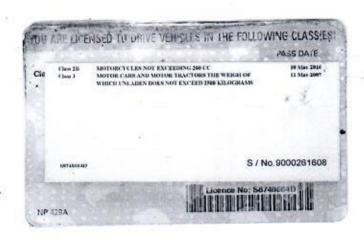
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:











Policy No.	5026359370-10	Policyholder Name	KHOO BEE	LAN	Policyholder NRIC	S1371078C	
Address	BLK 60 #16-1208 NEW UPPER CHANGI ROAD SINGAPORE 461060						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	31/12/2017	Effective Date	01/02/2018	00:00	Expiry Date	31/01/2019 2	23:59
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			Youn	g/Inexperience Driver Excess
Agent	PROFESSIONAL INVESTMENT AL	Agent Tel.	63725700		GST Flag	Υ	
Co- insurance Flag	No :						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
	BLK 60 #16-1208	Addre	ss 2	NEW UPPER CHANG	SI ROAD	Address 3	SINGAPORE 461060
Address 1			12.0 40 0 (12.12)	e		Post Code	461060
Address 1 Address 4		Addre	ss Type	Singapore address			9.5 (5.97×5)
a ip costavania			d Policy	5026359370-10			\$2.75775
Address 4 Unit No.	d Object: SGR2010E	Relate	d Policy				\$2.007.5 o
Address 4 Unit No.		Relate	d Policy				

Accident MT/0999425					
Policy No.	5026359370-10	Vehicle No.	5GR2010E	GST Registration No.	
Policyholder Name	KHOO BEE LAN		Serious		Sports Artist
Product Code	PRIVATE CAR INSURANCE	Court Tune	Total Control Control Control	Policyholder NRIC	S1371078C
		Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	97803669	Contact No.(Office)	0	Contact No.(Home)	0
Imail Address		Special Remark		eCode	Tel: 💙
OFK.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No
Accident Details				THE PARTY OF THE P	
leport Date	20100120102010				
organi Date	29/06/2018 20:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
late of Accident	20/06/2018	Time of Accident hh:mm	07:20	Country of Accident	Singapore
eporting Centre		Orange Force			25-20-20-5
Accident Location	SLIP RD INTERNATIONAL RD TWDS PION			ICM No.	
	SEP NO DEPENDIQUEE NO TWOS PION	EER RD NORTH			
→ Benefits					
- Ексери					
wn damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
hird Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform		Committee of the California of	0.00		
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status verified	Yes	
odification History					
Policyholder Mailing Ad	idress				
ddress 1	BLK 60 #16-1208	Address 2	NEW UPPER CHANGI ROAD	Address 3	ENGINEER LIVE
ddress 4	CONTRACTOR CONTRACTOR				SINGAPORE 461060
		Address Type	Singapore address	Post Code	461060
nit No.		Related Policy Number	5026359370-10		
OI Driver Info					
river Name	SIM YI WEI EUGENE	Driver Type	Named Driver		
named driver Name		Driver NRIC	S8740664D	Driver DOB	13/12/1987
rgister Date of Driver License	11/05/2007	Driver Age	30		
intact No.(Mobile)	97577515			Driving Experience	11
		Contact No.(Office)	0	Contact No. (Home)	0
Odresa I	BLK 60	Address 2	NEW UPPER CHANGI ROAD	Address 3	MARKET AND ASSOCIATION
		Charles and Charle	HER DIVER CHANGE ROAD	Abbress 2	SINGAPORE 461060
doress 4		Address Type	Singapore address	Post Code	
	16-1208				461060 461060
nk No. des he own a Singapore		Address Type		Post Code	
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nit No. des he dwn a Singapore agsibered car?		Address Type		Post Code	
ne No. Jes he own a Singapore Igistered car? Claration		Address Type		Post Code	
ne No. Jes Ne own a Singapore glishered car? claration bathalyser or Hlood Test		Address Type		Post Code	
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in No. res he own a Singapore guitered car? claration eathelyser or Hood Test ading?	○ Yes No	Address Type Driver Vehicle No.	Singapore address	Post Code	
e No. es he own a Singapore gradered car? daration atmayses or Blood Test ading?	○ Yes No	Address Type Driver Vehicle No.	Singapore address	Post Code	
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ic No. es he own a Singapore gatered car? daration eathalyser or Hood Test ading? dification Hetory Claim 001 Next im Type * ttact No.[Modile]	O mg O mg OD-MX ✓	Address Type Driver Vehicle No. Any injury?	Singapore address ○ Yes ⑤ No	Post Code Driver Insurer Company Insured NRIC	463000 51271079C
e No. es he own a Singapore glibered car? daration bilihaliser or Blood Test ading? 16 cation Hetory Claim 001 Next im Typs * ttact No. [Modile) ail Address	O mg O mg OD-MX 97803669 B04001411@GMAIL.COM	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address ○ Yes ⑤ No NHOO BEE LAN 62425208	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number	463000 \$1771079C GBH1897G
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