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TP Insurer:	Assessment/Su	rvey Report			
11 insurer.		y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: Su	N868A	INC()/Non-INC()		
Owner / Driver: (Tel:	,	-3.0.5
Policy No: (Period: () (Cover Type: (· · · ·	
Confirmed by : (STREET	Date:	Time:		
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-20%	6; P: 21-79%. F: 80-1	00%1	
Year of Registration: ()	Warranty: YES (, 1.21-7576. F. 50-1	9076]	200
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) Apply for Transport Allowance ()/	Courtesy Car ()		made successfulne su	en v. Mone	ру
) QC Check / Post Repair Inspection	()		7		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
 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 Odgement 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
ate Of Report	05/07/2018 16:03
ate Of Accident	05/07/2018 13:00
xact Location Of Accident	21 KAMPONG JAVA RD
ountry/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	SJU9305H
nsured/Policyholder	
ame Of Registered Owner	LEE RONG JIE
RIC No	S8942979Z
mail Address	NOEMAIL
lobile Phone No	(LOCAL) +65-98152149
Iternative Phone No	OFFICE-98152149
ehicle Particulars	
lanufacturer	KIA
lodel	CERATO FORTE KOUP 1.6 SX MT D/AB 2DR SR
xact Purpose for which vehicle was being used me of accident	PRIVATE USE
re you claiming under your own insurance polic or repair to your vehicle?	cy NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE CAR
nsurance Company	
ame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	5087164926-01
over Note Number	
Priver	
ame of Driver	LEE RONG JIE (LI RONGJIE)
RIC No	S8942979Z
ate Of Birth	27/11/1989
ccupation	INDOOR
ate Of Driving Pass	16/03/2010
riving Experience	8 YEARS AND 3 MONTHS
ender	MALE
lobile Number	(LOCAL) +65-98152149
ax Number	

OFFICE-98152149

NOEMAIL

BLK 605 YISHUN STREET 61 Address

#13-313

760605

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

Postcode

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? YES Was any injured conveyed to hospital by NO 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) 1

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, I TURNED ON MY VEHICLE INDICATOR LIGHT BEFORE I SLOWED DOWN MY VEHICLE TO PICK UP A FRIEND WHO WAS WAITING AT THE SIDE OF THE ROAD. MY VEHICLE WAS STATIONARY ALONG LANE 3 OF 21 KAMPONG JAVA RD. SUDDENLY VEHICLE B TRAVELLING FROM LANE 2 CUT ONTO MY LANE FROM THE REAR AND HIT ONTO MY VEHICLE REAR RIGHT PORTION. MY VEHICLE WAS IN STATIONARY POSITION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SLW868A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver ERIC TEO HAN KIAT

NRIC/Passport Number S7600497H Contact Number 97623121

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 21

DETAILS OF INJURED PERSON 1

Name

LEE RONG JIE (LI RONGJIE)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK PAIN & HEADACHE

SJU9305H

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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

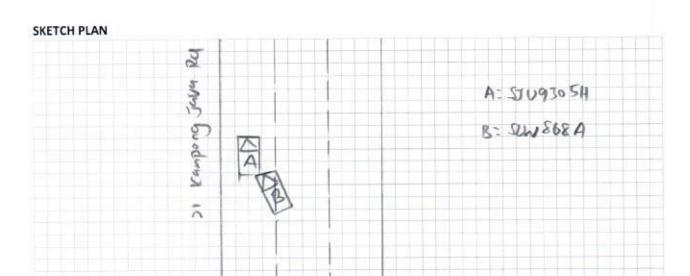
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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		_
/		

DECLARATION

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

Peticyholder'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

IDENTITY CARD NO. \$8942979Z



Name

LEE RONG JIE (LI RONGJIE)

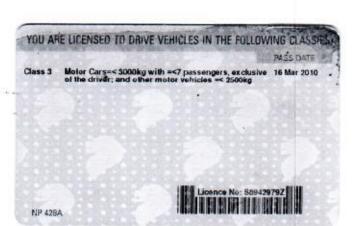


Date of bath 27-11-1989 Country of birth SINGAPORE









eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						Change Lar	nguage	Change Passwo	ord > Log Out	
My Desktop	Polic	y Query									
Notice of Loss	Policy No	D.:				Date of Acc	ident	05/07	/2018 13:00	3	
	Vehicle I	No.(For Motor)	SJU9305H								
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5087164926- 01	LEE RONG JIE	S8942979Z	GPC	drivo CLASSIC	SJU9305H	S3U9305H	05/01/2018	04/01/2019	
					E	Continue					

Policy No.	5087164926-01	Policyholder Name	LEE RONG	IIE	Policyholder NRIC	S8942979Z	
Address	BLK 605 #13-313 YISHUN ST	REET 61 NEE SO	ON CENTRAL	MEADOWS SINGAPO			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/01/2018	Effective Date	05/01/2018	00:00	Expiry Date	04/01/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	JMT INSURANCE AGENCY	Agent Tel.	96200140		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Info	holder Mailing Address						
Policy	holder Mailing Address BLK 605 #13-313	Addre	ss 2	YISHUN STREET 61		Address 3	NEE SOON CENTRAL MEADOWS
Info	PERSONAL TRANSPORT AND ADDRESS		ss 2 ss Type	YISHUN STREET 61 Singapore address		Address 3 Post Code	NEE SOON CENTRAL MEADOWS 760605
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Info Policy Address 1 Address 4 Unit No.	BLK 605 #13-313 SINGAPORE 760605 13-313 ed Object: SJU9305H	Addre Relate	ss Type	Singapore address			

cident MT/1001845								
olicy No.	5087164926-01		Vehide No.	51U9305H		GST Registration N	4	
			A ELITE AND	310930311		Contract Contract of Contract		20000
olicyholder Name	LEE RONG SE					Policyholder NRIC		S8942979Z
roduct Code	PRIVATE CAR INSURA	ANCE	Cover Type	Srive CLASSIC		Loading		0
ontact No.(Mobile)	98152149		Contact No. (Office)	0		Contact No. (Home)		0
mail Address	02000025000		Special Remark			eCode		No V
×	® No ○ Yes		TCA	® No ○Yes		eCode Reason		
CO Protection	No		NCD Entitlement(%)	20		Private Hire		No
Accident Details								
port Date	05/07/2018 18:48		Accident Report Within 24 hrs	Yes		Accident Type		Collision - Head to Rear
nte of Accident	05/07/2018		Time of Accident hhimm	13:00		Country of Accident		Singapore
sporting Centre			Drange Force			ICM No.		200000
cident Location	21 KAMPONG JAVA R	D						
Senefits		M.						
Excess								
vn damage Excess		600.00	Additional Excess	1500		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 Inform	nation							
Registered	No			OST Registration Date				
T Registration No.				GST Status Verified		Yes		
diffication History								
Policyholder Mailing A				NAME OF THE OWNER OWNER OF THE OWNER				
fress 1	BLK 605 #13-313		Address 2	YISHUN STREET 61		Address 3		NEE SOON CENTRAL MEADOWS
iness 4	SINGAPORE 760605		Address Type	Singapore address		Post Code		760605
t No.	13-313		Related Policy Number	5087164926-01				
OI Driver Info								
ver Name	LEE RONG JIE		Driver Type	Main Driver				
named driver Name			Driver NRJC	58942979Z		Driver DOB		27/11/1969
ster Date of Driver Licens	 16/03/2010 		Driver Age	25		Driving Experience		
mact No.(Mobile)	98152149		Contact No.(Office)	0		Contact No.(Home)		0
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	SINGAPORE 760605		Address Type	Singapore address		Post Code		760605
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It No. It No. It No. It No. It No. It No. It Indian of Singapore It Ind	13-313 ○ Yes ♠ No D mg		Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Qt Vehicle Number	© Yes ○ No LEE RONG JIE SJUS205H		Post Code Driver Insurer Com Insured NRIC Contact No.(Office)	рапу	760605 S89429792
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Attachment		Uploaded By/Date	Category	P Urgency	Description	Sent? Actio (CO)
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♥ Video List	Uploaded By/Date	Foider Date	File Name	P	Seuroe	Action