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Professed Wksp / INC Assign Wksp / QW:	te insurer:			o Owner/Wksp		
TP Particulars:	Preferred Wksp / INC Assign Wksp / QW: (Fax:	- Mul
Owner / Driver (TP Particulars: Yeh No:	5LD 112	Y INC	0.0003		,
Policy No. (Owner / Driver: (1		· ·	
Insured/Driver Liability (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%, F: \$0-160%] Year of Registration: (Policy No: () I	Period: ()			
Insured/Driver Liability	Confirmed by : (Date:			
Year of Registration: (Insured/Driver Liability: (%)	Note-Est Status		JE 3000 (1000)	100%1	11-11-11-11-11-11-11-11-11-11-11-11-11-
Excess: (\$) Loading: \$1,000 () / \$2,000 ()	Year of Registration: ()	Control of the Contro	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I)	10070]	
General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. (Remarks:- (ING horline: 6788 6616)				/		
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Remarks:- (INC horline: 6788 6616) Date&Time Completed Done by 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Cheek / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury : Date/Time Actions Claimant's Particulars:-			SERVICE OF THE			
1) Apply for Trans_oft Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury : DafeTime	Dive-in ()/ lowed-in (); invol	ce: YES ()	NO(); T	owing Co: ()
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Description Contact No: Contact No: Section Se	NA 180	4284	Invoice Prep	aration Checklist	25 P. S. S. P. L. S. S.	Amt (\$)
2 DA: Damage Assessment (\$100); INC (\$30) Priver/Owner: 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jen 2005) amaged Portion: 6) TR: Re-inspection \$75 7) N1: Idau DA + SMRT Survey \$160 8) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 tt 1: TP (N11): TP (N11 INC) against INC \$20 9) N12: Idau Mobile 30		CHARLEST AND A P. C. FEB.	1) AR : Accident	Reporting (\$30);	Ist Bill	'Add Bill
4 FT : Follow-Through Survey \$120	A TOWN AND A STANSFER OF THE WORLD AND ASSESSMENT AND ASSESSMENT OF THE PROPERTY OF THE PROPER		2) DA : Damage ,	Assessment (\$100); INC (\$		
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*N6: Repair Co-ordination \$10 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$23 *N8: DV / Collect Excess Coordination \$5 it. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idae Mobile \$30	C Checked by (Rugu In Channel)		THE RESERVE THE PERSON NAMED IN COLUMN 2 I	nai Services:-		
N7: Post Repair Inspection \$23	Concerned by (Engr-in-Charge):					
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9) N12: Idao Mobile 30	A STATE OF THE PARTY OF THE PAR		*N8: DV / Coll	cot Excess Coordination		*************
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Invoice dated Fee Charged Invoice dated Fee Charged	nt. 2 / 3;		Invoice dated	Fee Charged		maja

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.
- 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	06/07/2018 15:27
Date Of Accident	06/07/2018 07:00
Exact Location Of Accident	SLIP RD TWDS UPPER SERANGOON RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ1202X
Insured/Policyholder	
Name Of Registered Owner	YEO CHING YONG
NRIC No	S8916075H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91253405
Alternative Phone No	OTHERS-91253405
Vehicle Particulars	
Manufacturer	HONDA
Model	(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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092270351-01
Cover Note Number	
Driver	
Name of Driver	YEO CHING YONG
NRIC No	S8916075H
Date Of Birth	08/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91253405
Fax Number	
Contact Number	OTHERS-91253405
EMail Address	NOEMAIL

BLK 107 POTONG PASIR AVENUE 1 Address

#08-462

NO

NO

Postcode 350107

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

Type Of Accident SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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)

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

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons: REVERT NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLD112Y

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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:
 - 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 Rersonnel's Signature

Name:

NRIC/FIN No .:

Slip Rd toward	
sevangoon Red from PIE (changi) [37]	A-SLQ12027 B-SLD1127
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Opper serangoon RJ from PIE (Change). To avoid along the slip road, vehicle B attempted to a center lane to the right most lane and to both vehicles A and B brushed each other Vehicle A suffered a stratches on mirror.	hange (and from the the side mirrors of

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 IDENTITY CARD NO. \$8916075H





YEO CHING YONG (YANG QINGYONG)

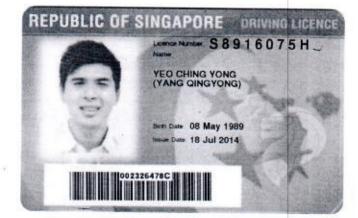
清永

CHINESE

Date of birth

08-05-1989

SINGAPORE



3537536



NRIC No. S8916075H

17-05-2004

APT BLK 107 POTONG PASIR AVENUE 1 #08-462 SINGAPORE 350107

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 18 Jul 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A



eBao Tech								Gene	ralClaim
fello, NAC_BUKIT_MERAH	_800676		The state of the s			Change La	nguage	· Change Passwo	rd + Log (
My Desktop Notice of Loss	Policy Query								
	Policy No.				Date of Acc	ident	06/07	7/2018 07:00	
	Vehicle No. (For Motor)	SLQ1202X							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5092270351-01	YEO CHING YONG	S8916075H	GPC	drivo CLASSIC	SLQ1202X	SLQ1202X		27/05/2019

Policy No.	5092270351-01	Policyholder Name	YEO CHIN	G YONG	Policyholder NRIC	S8916075H	
Address	BLK 107 #08-462 POTONG PAS	SIR AVENUE 1 9	SINGAPORE	350107	2000		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/05/2018	Effective Date	28/06/201	8 00:00	Expiry Date	27/06/2019 2	3:59
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	g/Inexperience Driver Excess
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate							
Info							
	older Mailing Address						
Info Policyh Address 1	BLK 107 #08-462	Addre	ss 2	POTONG PASIR AVE	ENUE 1	Address 3	SINGAPORE 350107
⇔ Policyh Address 1	COURT WATER AND A 19 THE CO.	0013000180	ss 2 ss Type	POTONG PASIR AVE		Address 3 Post Code	SINGAPORE 350107 350107
→ Policyh	COURT WATER AND A 19 THE CO.	Addre	ss Type d Policy				
Policyh Address 1 Address 4 Unit No.	COURT WATER AND A 19 THE CO.	Addre Relate	ss Type d Policy	Singapore address			
♥ Policyh Address 1 Address 4 Unit No.	BLK 107 #08-462	Addre Relate	ss Type d Policy	Singapore address			

Claim Handling					
Accident MT/1001963					
Policy No.	5092270351-01	Vehicle No.	SLQ1202X	GST Registration No.	
Policyholder Name	YEO CHING YONG			Policyholder NR3C	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	91253405	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	© No Yes	TCA	⊚ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details		100		rivate rise	No
Report Date	06/07/2018 16:52	Accident Report Within 24 hrs	Yes	Annidam T.	
Date of Accident	06/07/2018	Time of Accident hh:mm		Accident Type	Side Swip
Reporting Centre		Orange Force	07:00	Country of Accident	Singapore
Accident Location	SLIP RD TWDS UPPER SERANGOON RD	Orange Force		ICM No.:	
▽ Benefits					
♥ Excess					7
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	+00.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	Windscreen Excess	100.00
Third Party Excess	0.00	Dutside Singapore TP Excess			
GST Registered Informa		Cotaide Singapore IP Excess	0.00		
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History			16,001,000,000,000 accuses;	1000	
Policyholder Mailing Ad	dress				
Address 1	8LK 107 #08-462	Address 2	POTONG PASIR AVENUE 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5092270351-01		
OI Driver Info					
Driver Name	YEO CHING YONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	58916075H	Driver DOB	
Register Date of Driver License	18/07/2014	Driver Age	29	Driving Experience	
Contact No.(Mobile)	91253405	Contact No. (Office)	0	Contact No.(Home)	
Address 1	BLK 107	Address 2	POTONG PASIR AVENUE 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#08-452				
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.		Driver Insurer Company	
£2000020					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes ⊕ No		
Modification History					
	×				
Claim 001 OD-MX New	c				
Claim Type •	OD-MX -	Insured Name	YEO CHING YONG	Insured NRIC	
Contact No.(Mobile)	91253405	Contact No.(Home)		Contact No.(Office)	
Email Address	cyyeo1989@gmail.com	OI Vehicle Number	SLQ1202X	TP Vehicle Number	
Claim Description	SLQ1202X / SLD112Y ON 6 Jul 2018		and the same	Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability •	Partially at Fault •	_ realise of Presented Workshop	
No. Require Finalisation	Yes	Preferered Repair Option		CH	
Date Registered	06/07/2018 16:58	Claim Close Date	Preferred Workshop, Name unknown	GIA report	
Report Taken By	KRISHNASAMY	Workshop Repairer		Date Received	
		Horeardy Repairer		Total Loss but Repaired	
Print AK letter					
Attachment			Save Submit		
9					
Accident No.	MY/1001963	Claim No.	001		
Last Doc. Received	W Yes C No	Upload Date	06/07/2018 16:55		
	Parh *				

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	Uploaded By/Date Folder Date	Fil	e Name		-	?		Sou
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T. Day	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Jul 2018 16:57	NRIC/ D	riving Li	cense	Normal		NE	IC/ Dri
Attachment	Uploaded By/Date	c	ategory	Ŷ	Urgency			1
Attachment	List							
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		Browse	Clear	Please Select	,	N2	-3	Normal
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	L.	Browse	Clear	Please Select Please Select		NO NO		Normal