Date In: 13/7/18-17:76	Jeb description		Date & Time C	ompleted	Do	ue py
Ref No: NA) INC 18012799/24	SAS e-filing					
Veh No: JUNY38	E-mail (within	Shrs, AIC 2hrs)	1			
D.O.A: 17/7/18-08:30	i-Motor Clai		m)1002922	mı	33 18	18:09
	i-Motor W/C	(Within: OD 2h				
OD / TP)' Reporting Only	i-Photo Uplo				-	
	Assessment/Su					
TP Insurer:	2004,000,000,000		to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fau	c :	
TP Particulars: Veh No: 6		INC ()/Non-INC	().	3	
Owner / Driver: (120377/12		Tel:	1/)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time)	
	6) [Note-Est. Status (V	Company Con-	00% P. 21-79%	F: 80-10	0%1	
			1. 21-1571	- 1. 55-15		
Year of Registration: ())/NO()			-
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General Remarks:-				KING PARK	Art S	1
() Walk-In Customer : Customer's	information strictly Co.	ofidential & S	trictly NO refer o	repairer.		
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Apply for Transport Allowance ()))	Date&Timb Co	inple 34	Do	ne by
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Figure 41 Public

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.
- Information provided must be as <u>truthful</u> and <u>accurate</u> 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.

alulesalu,	
Control of the Contro	ACCIDENT STATEMENT
Date Of Report	13/07/2018 15:56
Date Of Accident	13/07/2018 08:30
Exact Location Of Accident	PIE (CHANGI) BEFORE SIMEI AVE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN1543B
Insured/Policyholder	
Name Of Registered Owner	JP SERVICE TEAM
Co Reg No	53318667J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L SUNROOF ALLOY WHEEL AT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096405921
Cover Note Number	
Driver	
Name of Driver	LOW TECK HOE (LIU DEHE)
NRIC No	S7417377B
Date Of Birth	05/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97999992
Fax Number	
Contact Number	OFFICE-97999992
EMail Address	NOEMAIL

BLK 328 HOUGANG AVENUE 5 Address

#12-182 530328

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

Other Information

Postcode

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

2

YES

DRY

NAME:

GENDER: : MALE

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?

NO

NO

GBC5069E

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 12

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)

Lunderstand, 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 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.

JP SERVICE TEA REG 53318667J

> 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

	on the	stated	dane i ti	me , 1	vehicle	NEZ, K	1543B	was
travelling	along ti	n Stated	venue.	L Slowed	1 dow	n and	came	to
a comp	lete Ctop	Snoldeni	J. Vehicu	'B', GBC 1	5069E,	tried	to ove	<i>Mate</i>
ne, and	d opated	onto mi	1 ventue 's	wear h	ight p	ntion.		
				-				
	XV							
							-201	

DECLARATION

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

REG 53318667J

Driver's Signature (If driver is not the policyholder) Date & Time:

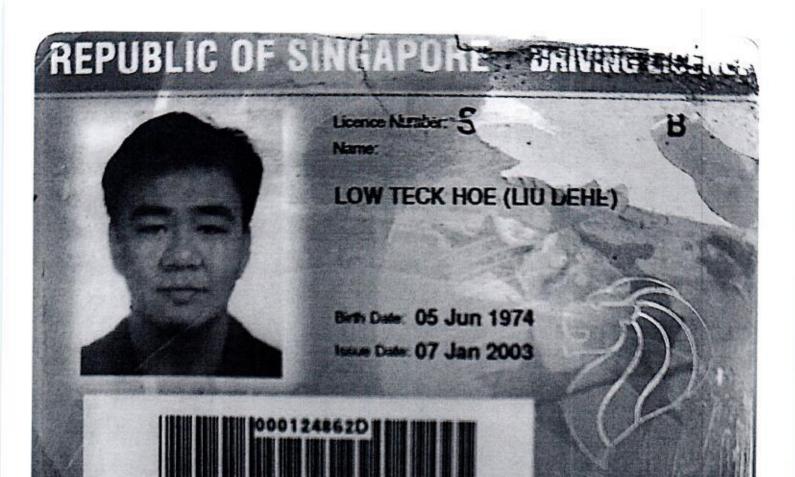
Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 13 , 07 , 2018	_1(DD/MM/YYYY), TIME: 08: 30 HH:MA
LOCATION: PIE (MANG).	betwe since the Exit
DETAILS OF VEHICLE a) VEHICLE NUMBER: SIN b) INSURANCE COMPANY: c) POLICY NUMBER: 509 d) POLICY TYPE: (COMPREHENS e) MAKE & MODEL: HOV f) TYPE: (SALOON / COUPE / MP) g) VEHICLE CATEGORY: (PRIVATE h) PURPOSE OF USING AT ACCID I) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PA) 2. INSURED / POLICY HOLDER A) NAME: UP SEYVICE I	SIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT MULL SIVE (IM) V / VAN / LORRY / MOTORCYCLE / OTHERS) TE / COMMERCIAL / MOTORCYCLE) JOHN TIME: WOYK PUY POSE OUP OWN INSURANCE (YES/NO) RTY CLAIM / REPORTING ONLY) TE (IM) (MALE / FEMALE) CONTACT:
b) NRIC/FIN/PASSPORT:	182 Hougang Ave 5 5(530328)
* CONTINUE TO 3.d IF DRIVER AL	ISO BOLICY HOLDER
Male passings DRIVER a) NAME: LOW Tect HOR b) NRIC/FIN/PASSPORT: St c) ADDRESS: 329 FID-162 Male diver; *d) DATE OF BIRTH: (05 / 06/ B) OCCUPATION: (INDOOR / OUT f) YEARS OF DRIVING EXPRESIENCE	(MALE (FEMALE) 74 17377B CONTACT: 9799992 7 1974 (DD/MM/YYYY) 1000R) CE: 11 4604 F THE INSURED'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (CLEAR	R / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO. 1) REPORTED TO POLICE (YES / NO. 1) F YES, PLEASE STATE WHICH PO	OTHERS
8. THIRD PARTY VEHICLE	Market at the commencement of the first termination of the commencement of the commenc
-, -, -, -, -, -, -, -, -, -, -, -, -, -	BU 50 69E MODEL:
Induding driver) b) DRIVER'S NAME:	COUTLOT
COLUMNIC C) NRIC/FIN/PASSPORT:	CONTACT:
-/\ \/EUICLE NUMBED:	MODEL:
No of passenger d) VEHICLE NUMBER:	
	CONTACT:
(_)	
3 (100 pt 100 p	E3

email =

Lax =



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7417377B





Name

LOW TECK HOE (LIU DEHE)

刘





SOCI

CHINESE

Date of birth

Ser

05-06-1974

..

100

Country/Place of birth

SINGAPORE



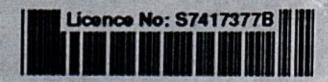
Scanned by CamScanner

PASS DATE

Motor cycles not exceeding 200 cc
Motor cycles between 201 cc and 400 cc
Motor Cars and Motor Tractors the weight of

08 Jan 1997 21 Apr 1998 09 Dec 1997

NP 428A



5271441



NRIC No. S7417377B



Date of issue

21-02-2014

Address

APT BLK 328 HOUGANG AVENUE 5 #12-182 SINGAPORE 530328

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eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601			The second second			Change Lar	guage	· Change Passw	ord + Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	10.				Date of Acc	ident	13/07	//2018 08:30	
	Vehicle	No.(For Motor)	SJN1543B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5096405921	JP SERVICE TEAM	533186673	GCV	Comprehensive	SJN1543B	SJN1543B	28/11/2017	27/11/2018
			134500-76		I	Continue				

Policy No.	5096405921	Policyholder Name	JP SERVICE	SERVICE TEAM Policyholder NRIC		53318667J		
Address	BLK 328 #12-182 HOUGANG AV	ENUE 5 SING	APORE 5303					
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N		
Policy issue Date	01/12/2017	Effective Date	28/11/2017	7 00:00	Expiry Date	27/11/2018 23	3:59	
Excess Type		All Claim Excess						
Third Party Excess	2000	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess	
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
	nolder Mailing Address							
Address 1	BLK 328 #12-182	Addre	ss 2	HOUGANG AVENUE	5	Address 3	SINGAPORE 530328	
Address 4		Addre	ss Type	Singapore address		Post Code	530328	
Unit No.	12-182	Relate Numb	ed Policy er	5096405921				
D Insure	d Object: SJN1543B							
	ements							
▽ Endors								

cident MT/1002922								
okcy No.	5096405921	Vehicle No.	SJN15438		GST Registration N	Va.		
olicyholder Name	JP SERVICE TEAM				Policyholder NR3C		5331866	171
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive					7/4
ontact No.(Mobile)			CONTRACTOR OF THE PARTY OF THE		Loading		0	
	0	Contact No.(Office)	0		Contact No.(Home	20	0	
mail Address	The second second second	Special Remark	SERVICE SECTIONS		eCode		No. V	
FK.	® No ○ Yes	TCA	® No ○ Yes		eCode Reason			
CD Protection	No	NCD Entitlement(%)	20		Private Hire		Yes	
Accident Details								
eport Date	13/07/2018 18:04	Accident Report Within 24 hrs	Yes		Acodent Type		Side Swi	pe pe
ace of Accident	13/07/2018	Time of Accident hh:mm.	08:30			23		
	TWOTTERLE		08.30		Country of Acciden	YE.	Singapor	•
parting Centre		Orange Force			ICM No.			
odent Location	PIE (CHANGI) BEFORE SIMEI AVE EXIT							
7 Benefits								
Excess								
vn damage Excess	2,000.00	Additional Excess			Windscreen Excess	es.	100.00	
named Driver Excess		Outside Singapore DD Excess						
ind Party Excess	2,000.00							
		Outside Singapore TP Excess						
GST Registered Inform								
T Registered	No		GST Registration Date					
T Registration No.			GST Status Verified		No			
diffication History								
Policyholder Mailing Ad	Idrass							
ress 1	8LK 328 #12-182	Address 2	HOUGANG AVENUE 5		Address 3		SWOOD	ORE 530328
	250 - 25 - 200							ME 530328
dress 4	Wester	Address Type	Singapore address		Post Code		530328	
st No.	12-182	Related Policy Number	5096405921					
OI Driver Info								
ver Name	Unnamed Driver	Driver Type	Unnamed Driver					
named driver Name	LOW TECK HOE (LIU DEHE)	Driver NRIC	57417377B		Driver DOB		05/06/19	974
pater Date of Driver License		Driver Age	44		Orlving Experience			2000
ncact No.(Mobile)	97999992						20	
		Contact No.(Office)	•		Contact No.(Home)	115	0	
dreem 1	BLX 328	Address 2	HOUGANG AVENUE 5		Address 3		SINGAPO	IRE 530328
dress 4		Address Type	Constance address.		Post Code		530326	
		Lines case (These	Singapore address		PEGC CODE		0.000.00	
e No.	12-182	() The	Singapore address		Post Code		990020	
es he own a Singapore	12-182 Yes (2) No	Driver Vehicle No.	Singapore address			party.	330320	
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es he own a Singapore intered car?			Singapore abbress			pany		
es he own a Singapore gatered car? daration nathalyser or Blood Test			○ Yes ® No			parry	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Attachment		Uploaded By/Date	Category	8	Urgency	Description	Sent?	Action
7	NAC_PAYA_UBI_BOOSO1[NAT	IONAL ASSESSMENT CENTRE SERVICES) on [3 Jul 2018 18:10	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-13		Edit
and a	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:10	NR3C/ Driving Lidense		Normal	NRIC/ Driving License 2018-7-13		Edit
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