	utre Services well Janos M	VETTE ONLY		
Date In: 18/2/18-14-78	Jeb description	Date &Time Completed	Done by	
Ref No: 1/4 INC 18 0 13 0 64 / 24	SAS e-filing			
Veh No: Sley 7/23 k	E-mail (within Shrs, AIC 2hrs)			4
D.O.A : 17/3/18-18:15	i-Motor Claim Form	M7 1003560 -001	18/3/18 E:38	(11791)
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			10.500
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: JN	1438167 . INC()/Non-INC()		
Owner / Driver: (Tel:)	200
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]	wells,
Year of Registration: ()	Warranty: YES ()/NO ()		
	1,000 ()/\$2,000 ()			
General Remarks.			Sen Silver	
() Walk-In Customer : Customer's i				
() Total Loss Case : to e-mail Ins	urer URGENTLY.	. The second of		
Drive-In ()/Towed-In (); Invo	pice: YES() / NO(); T	owing Co: (- ;)
Remarks:- (INC horline: 6788 6616		Date&Tune Completed	Doneby	
Remarks (1180 Hornne: 0700 0010	taken in attacker and the control of the same	Dates Infine Compac Su	West or Statement	
1) Apply for Transport Allowance (/Courtees Cor ()			
	/ Courtesy Car ()	-		
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time / Actions	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$80); Rec \$400 Arough Survey	7) Bill Adu 10) 1/545 \$120	200
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Algouss alimant's Particulars:	Invoice Pre	t Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40 hrough Survey hrough Survey (Resurvey)	7t Bill Add	200
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Algouss alimant's Particulars: iver/Owner:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe	Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Arough Survey Arough Survey (Resurvey) Against INC Only (wef 10 Jan 2005) Cetion		1000
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Frager of Aug.

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 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.

aforesaid.		Section of the second
Market Land Control	ACCIDENT STATEMENT	
Date Of Report	18/07/2018 14:58	
Date Of Accident	17/07/2018 18:15	
Exact Location Of Accident	TPE (SLE) BEFORE TAMPINES AVE 10 EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKH7123K	
Insured/Policyholder		
Name Of Registered Owner	NEO CHYE TUAN	
NRIC No	S1501801A	
Email Address	NOEMAIL	

(LOCAL) +65-97258787

OFFICE-97258787

Alternative Phone No Vehicle Particulars

Mobile Phone No

 Manufacturer
 BMW

 Model
 X3 3.0 A

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

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 5094028702

Cover Note Number

Driver

 Name of Driver
 NEO CHYE TUAN

 NRIC No
 \$1501801A

 Date Of Birth
 19/07/1961

 Occupation
 INDOOR

 Date Of Driving Pass
 16/12/1978

Driving Experience 39 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97258787

Fax Number

Contact Number OFFICE-97258787

EMail Address NOEMAIL

BLK 103 TECK WHYE LANE Address

#09-436 680103

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

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? 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. Number of Passengers (Including Driver)

Passenger 1

NAME: . .

> GENDER: : FEMALE

Passenger 2 NAME:

> GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA3816J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LEE WEI XIAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

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 Person

el's Signature

Name:

NRIC/FIN No .:

	THE Absorbs SLE Byon Torper Aux 10
A-SKH 7D3K	
B-Sma3816 I _	
	र्षवार्षित्वा
SCRIBE CIRCUMSTANCES OF 1	THE ACCIDENT

	50.4 WEB PER PER SECTION AND PER
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expression :	Snewhere refore Tempress Are 10, vehicles shood of me class
	opped are to many traythe four Ar sich, I appred bake
0 11 1 10	The same of the sa
0	and stopped accordingly. Out of the sudden, vanise (B) come
from the cen	onal isosaled douby onto me seer poster of my whome.
	A - SKH 71231C
	E - Sma - 8
	The state of the s

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 Personne's Signature

Name:

NRIC/FIN No .:

Vehicle No.	Sky Frzsk Model/Make Row x3
Date of Accident	17/7/18
Time of Accident	6-15 pm HRS
Location of Accident	TOE sounds SLE Reform Tompres are 10
Exact purpose use during acci	
Name of Owner	New Crys Tuan
Telephone No.	H/P: 9112 7337 Home: Office: 97258787
NRIC	S1501801A
Address	
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	MINC
Type of Coverage	Comprehensive \ Third Party Third Party / Fire /Theft
Policy No.	
Folicy No.	5094028702
Name of Driver	As Above If No,
NRIC	Any Passengers: 02 (2 functe)
Date of birth	1.4/ ± 1.40/
Occupation	Outdoor / Indoor
Driving License Pass Date	161121191 8 PP121161
Gender	Male \ / Female
Contact No.	H/P: 911 27337 Home: Office:
Address	1/1 2/33
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	ivo, ir res, who:
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	
Name of Driver	Sma 38167 Any Passengers: 01 (mak)
VALUE OF THE PARTY	
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Pear Codron
Camera Recorder	Yes / No
Email Address	Inchyetien @ smail. Com
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	ASSISTANCE? Yes / No
PARTICULAR WORKSHOP	Total All Miles
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	
WORKSHOP EMAIL ADDKESS	sales @ n51. com. sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1501801A



NEO CHYE TUAN

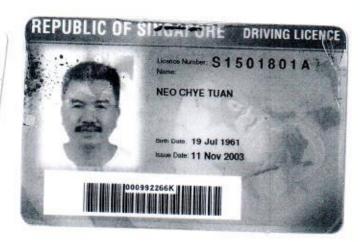


SINGAPORE



\$1501801A

4894431





NRIC No. S1501801A

12-10-2012

APT BLK 103 TECK WHYE LANE #09-436 SINGAPORE 680103

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

PASS DATE

Class 3

16 Dec 1978 17 Aug 1982

Class 4 Class 5 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms. Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms. Motor Vahicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms.

05 Jan 1983

NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

ertificate !	Number:	5094028702	Cover	:	drivo PREMIU
er timeate i	vuinuei.	3034020702	COVCI	*	CHIAC L LIFTALL

1. Index mark and Registration Number of Vehicle : 5KH7123K

Chassis Number : WBAWX72060LK69756

2. Name of Policyholder : NEO CHYE TUAN

: 30 Oct 2017 3. Effective Date of Insurance 4. Expiry Date of Insurance : 29 Oct 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A : \$\$100 WINDSCREEN EXCESS : \$\$500 ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : NEO CHYE TUAN : NEO XINYA SALLY NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: H & H INSURANCE AGENCY PTE. LTD. (00000572651) Agency

: 07 Sep 2017 17:36 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: Chief Executive

Authorised Officer



Policy No.	5094028702	Policyholder Name	NEO CHYE	TUAN	Policyholder NRIC	S1501801A	
Address	BLK 103 #09-436 TECK WHYE L	ANE SINGAPO	RE 680103				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	07/09/2017	Effective Date	30/10/201	7 00:00	Expiry Date	29/10/2018 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	H & H INSURANCE AGENCY PTE	Agent Tel.			GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 103 #09-436	Addre	ess 2	TECK WHYE LANE		Address 3	SINGAPORE 680103
Address 4		Addre	ss Type	Singapore address		Post Code	680103
Unit No.		Relate Numb	ed Policy er	5094028702			
THE RESIDENCE	ed Object: SKH7123K						
D Insure							
□ Insure □ Endors □ Endors	sements						

Claim Handling					- Ex
Accident MT/1003562					
Policy No.	5094028702	Vehicle No.	5KH7123K	GST Registration No.	
Policyholder Name	NEG CHYE TUAN		2771	Policyholder NRIC	S1501801A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Leading	0
Contact No.(Mobile)	97258787	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	and the second of	Special Remark		eCode	the 💙
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	16/07/2018 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/07/2018	Time of Accident hhomm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		1CM No.	
Accident Location	TPE (SLE) BEFORE TAMPINES AVE 10 EXIT				
19 Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess	500	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600,00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform		CITICIDE COM BOOK OF THE COME			
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venhed	Yes	
Modification History					
♥ Policyholder Mailing A	ddress				
Address 1	BLK 103 #09-436	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680103
Address 4		Address Type	Singapore address	Post Code	680103
Unit No.		Related Policy Number	5094028702		
□ OI Driver Info					
Driver Name	Neo Chye Tuan	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1501801A	Driver DOB	19/07/1961
Register Date of Oriver Licenso	e 16/12/1978	Oriver Age	56	Driving Experience	39
Contact No.(Mobile)	97258787	Contact No.(Office)	0	Contact No.(Home)	0
Andress 1	BDC 103	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680103
Address #		Address Type	Singapore address	Post Code	640103
Unit No.	09-436	Hote Cas 1990	an Makes a secured	Post Code	190103
Does he own a Singapore	○ Yes (€) No	200000000000000000000000000000000000000			
Registered car?	C. see G. see	Oriver Vehicle No.		Driver Insurer Company	
Declaration					
Breathelyser or Blood Test	0 mg	0.0000000000000000000000000000000000000	F2-75-72-75		
Reading?	v ag	Any injury?	○ Yes ® No		
Modification History					
D					
Claim 001 New					
Claim Type •		Insured Name	NEO CHYE TUAN	Opening to the control of the contro	
	00 MX	STOLLTHED PARTINE	NEO CHIE TOWN	Insured NRIC	\$1501801A
Contact No (Mobile)				Insured NRIC Contact No.(Office)	51501801A 67414498
	91127337	Contact No.(Home)	67642017	Contact No.(Office)	67414498
Contact No. (Mobile) Email Address Claim Description	91127337			Contact No.(Office) TP Vehicle Number	67414498 [SMA3816]
Email Address Claim Description Preferred Workshop Contact		Contact No.(Home) OI Vehicle Number	67642017 SKH7123K	Contact No.(Office)	67414498 [SMA3816]
Email Address Claim Description Preferred Workshop Contact No.	91127337 SKH7123K / SMA3816J ON 17 Jul 2018	Contact No.(Home) OI Vehicle Number Insured Liability *	67642017 SKH77123K Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	67414498 (SMA3816)
Email Address Claim Description Preferred Workshop Contact No. Require Finalization	91127377 SKH7123K / SMA3816J ON 17 Jul 2018 Yes:	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	67642017 SKH7123K	Centact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67414498 SMA38163 Received
Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered	91127337 SKH7123K / SMA3816J ON 17 Jul 2018 Vet	Contact No.(Home) OI Vehicle Number Insured Liability *	67642017 SKH77123K Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	67414498 (SMA3816)
Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken By	91127377 SKH7123K / SMA3816J ON 17 Jul 2018 Yes:	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	67642017 SKH77123K Not at Fault	Centact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67414498 SMA38163 Received
Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered	91127337 SKH7123K / SMA3816J ON 17 Jul 2018 Vet	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	67642017 SKH77123K Not at Fault	Centact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67414498 SMA38163 Received
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