	intre Services - part savios N	MAIDINIMO		
Date In: 6/8/18-14:22	Jeb description	Date & Time Completed	Done	by
Res No: MAJINCTRO 14700/24	SAS e-filing			
Veh No: JKD 45455	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 7/8/18-14:05	i-Motor Claim Form	M7/1006177-001	6/8/18 17:	14
F	i-Motor W/O (Within: OD 2)	nrs, TP 4hrs)		
OD TP A Reporting Only	i-Photo Uploaded			7.7
TD	Assessment/Survey Report			DOTTE CAN D
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	:(Tel: f	Fax:	NO.
TP Particulars: Veh No:	10.839p INC	()/Non-INC()	į.	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:	-7	
	%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	the state of the s	<u> </u>		
General Remarks:-			TO 17 17 17 17 17 17 17 17 17 17 17 17 17	
() Walk-In Customer's		strictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.			
Drive-In ()/ Towed-In (); Inv	voice: YES()/NO();	Towing Co: ()
Remarks: (INC horline: 6788 661	A	Date&Time Completed	Done	hv -
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)/Courtesy Car ()			2011
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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

ACCIDENT STATEMENT

	ACCIDENT STATEMENT	
Date Of Report	06/08/2018 14:22	
Date Of Accident	03/08/2018 14:05	
Exact Location Of Accident	KPE (ECP) EXIT TO PIE (TUAS)	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD4545S	
Insured/Policyholder		
Name Of Registered Owner	NG BEE FUNG	
NRIC No	S1628518H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-82820178	
Alternative Phone No	OFFICE-82820178	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL 1.5X CVT	
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	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	5077121731-02	
Cover Note Number		
Driver		
Name of Driver	SEE YIL YIING	
NRIC No	S9349958A	
Date Of Birth	20/12/1993	
Occupation	INDOOR	
Date Of Driving Pass	19/06/2012	
Driving Experience	6 YEARS AND 1 MONTH	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-82820178	
Fax Number		
Contact Number	OFFICE-82820178	
EMail Address	NOEMAIL	

Address 45 WAK HASSAN DRIVE

Postcode 757397

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

more

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

2

YES

NO

1

NO

NO

YES

NO

NO

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?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SJQ839P

PRIVATE CAR

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

00.000

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 22

SKETCH PLAN

IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material lacts may allow insurance companies to repudiate policy liability. We proffice the
- 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
- Any false reporting may be referred to the Police for investigation.
- orthogonal and 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 -21
- By the ladgment 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 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) the wind
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary central ampite copia 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.
- 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.
- (c) 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

Specialists cod nee will the

A Leanthea

Clays:

director.

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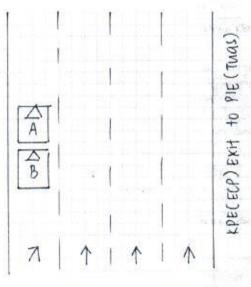
JUNEAU Phys Baranin at MEDIE OF

Name:

NRIC/FIN No .:

VEHICLE A: SKD 4545S

VEHICLE B: SJ6839P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

eschibe circons interest of the new party	
on the Clated date ? time, I, vehicle	'A' SKD45455, NOS
travelling straight along the stated renne.	Front vehicle
Stopped and I followed suit Suddenly,	
hit onto my stationary vehicle's rear por	tion. Without
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
*	

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:

heporting Centre Personne's Signature

Name:

*. RIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT D	ATE (03 / 08 / 2018 HOD)	MM/YYYY), TIME: 14:	D6 HHH:MMI
LOCATION:	FPE (ECP) EXIT TO	PLE (TUAS)	
	COLUMNICIE		
	CLE NUMBER: SEV454		
DINSU	RANCE COMPANY: NW	7 121731-02	
cirou			V EIDE THEETT
	TY TYPE: (COMPREHENSIVE / 1	VEZEL THIRD PART	I FIRE STREET,
/IT/PE//	SALOON / COUPE / MPV /VA	N / LORRY / MOTORCYCL	E / OTHERS)
g)VEHIC	LE CATEGORY: (PRIVATE / CC	MMERCIAL / MOTORCYC	CLE)
hIPURPO	OSE OF USING AT ACCIDENT T	IME: PNVATE	
DARPYC	U CLAIMING UNDER YOUR O	WN INSURANCE (YES/NO) probability
	LEASE STATE (THIRD PARTY	AIM / REPORTING ONLY)	
	NA BEE FUNA	IMALE	/ FEMALE)
	IN/PASSPORT: S16	18518H CONTACT:	
CIADDRE	ILP LAN HOLFE	017 5000	17)
	N:		
* CONTIN	JE TO 3.d IF DRIVER ALSO PO	LICY HOLDER	\$1 (FFT)
Children driver) DRIVER DINAME:	000 11 11000		-0
Lindedina dicer) a) NAME:	see. Yil Yiing	1000	8281 0 FB
. 91	I/PASSPORT: S934	1956A CONTACT:	
C)ADDRESS	s: 45 MAY 1105S	ari prive clissis	717)
*dIDATE O	BIRTH: (20/ 12/ 199	3)(DD/MM/YYYY)	0. 3000
	TION: (INDOOR / OUTDOOR		
	DRIVING EXPRERIENCE:	byears.	VIALE!
4. WAS DRIVE	R AN EMPLOYEE OF THE	INSURED'S COMPANY?	(YES / (0))
IF NO, REL	TIONSHIP OF THE DRIVE	R WITH INSURED:	wildren_
	CONDITION: (CLEVE / KVIN	The state of the s	
	FACE: (DRY) / WET OTHERS		is (fiel)
	DY INJURED (YES AND)		MAUEL
	TO POLICE (YES / NO)		ensember)
to the second se	SE STATE WHICH POLICE ST	ATION:	
B. THIRD PARTY VEHICLE	00/ 00/ D	and proceedings	A STATE OF
The of passenger of VEHICLE		MODEL:	
(Induding driver) b) DRIVER'S		00/17/07	
c) NRIC/FIN/		CONTACT:	
9. THIRD PARTY V		LIODEL	145
Ho of passenger of VEHICLEN		MODEL:	ES / NO)
e) DRIVER'S I	NAME:		ES (NO)
1 Driver on diment			ES / NO)
1 10 cium no diment	PASSPORT:	CONTACT:	ES /NO)
1 Driver on diment	ASSPORT:	CONTACT	ES / NO)
1 Driver on diment	ASSPORT:	CONTACT:	ES /NO)
1 10 cium no diment	ASSPORT:	CONTACT:	ES ZNO)
1 Driver on diment		CONTACT:	ES ZNOY
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1 Driver on diment			ES / NO)
1 Driver on diment			ES ZNOY
1 Driver on diment			NEAGE)
1 Driver on diment			NEAGE)

Scanned by CamScanner

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1628518H

Name



NG BEE FUNG

黄美

CHINESE

Date of Birth 26-08-1964

Country of Birth

SINGAPORE





Blood Group Date of issue

21-08-1994

45 WAK HASSAN DRIVE

Date: 08/01/2010

No: 6431271

IDENTITY CARD NO. \$9349958A REPUBLIC OF SINGAPORE





司 亦 Rec CHINESE

SEE YIL YIING

Dete of birth 20-12-1993 Country of birth SINGAPORE





4331582

NRIC No. S9349958A

Date of lasue 03-01-2009

Dete: 04/09/2012 No: 7120664

EPUBLIC OF SINGAPORE

DRIVING LICENCE

Birth Date: 20 Dec 1993

Issue Date: 19 Jun 2012



YOU ARE LICENSED TO DRIVE VEHICLES

DELOWING CLASS(ES)

EFFECTIVE DATE

19 Jun 2012 hides without clutch pedals =< 2500kg lotor cars without clutch pedals (Auto) 3000kg ith =< 7 passengers, exclusive of the driver; and Class 3A

Licence No: S9349958A

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						Change	e Language	Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy !	No.				Date	of Accident		03/08/2018 1	4:05	
	Vehicle	No.(For Motor)	SKD4	5455		Certi	ficate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5077121731- 02		NG BEE FUNG	S1628518H	GPC	drivo CLASSIC	SKD45459	SKD4545S	27/01/2018	26/01/2019
						Continue					

Policy No.	5077121731-02	Policyholder Name	NG BEE FU	ING	Policyholder NRIC	S1628518H	
Certificate No.							
Address	45 WAK HASSAN DRIVE SING	APORE 757397					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssuc Date	16/01/2018	Effective Date	27/01/201	8 00:00	Expiry Date	26/01/2019 2	3:59
Excess Type		All Claims 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	i/Inexperience Driver Excess
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policy	holder Mailing Address						
Address 1	45 WAK HASSAN DRIV	E Addi	ess 2	SINGAPORE 757	397	Address 3	
Address 4		Addi	ess Type	Singapore addre	55	Post Code	757397
Unit No.		Rela Num	ted Policy ber	5077121731-02			
) Insure	ed Object: SKD4545S						
E Endor	sements						
- Elidor			PROPERTY OF THE PARTY OF THE PA	v 25 ca vovomis		t Status	Endorsement Content

laim Handling					
cident MT/1006177	70070171771 07	Vehicle No.	SKD4545S	GST Registration No.	
icy No.	5077121731-02	Venicle No.	50045455	day regardent no.	
rtificate No.	Telephone Schools			William Page	S1628S18H
licyholder Name	NG BEE FUNG PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC Loading	310703104
oduct Code ontact No.(Mobile)	RZB20178	Contact No.(Office)	0	Contact No (Home)	0
nati Address	1111111111	Special Remark		eCode	TO V
ik.	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	P. Prince
D Protection	No.	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	06/08/2018 17:52	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Head to Rear
re of Accident	03/08/2018	Time of Accident hh:mm.	14:05	Country of Accident	Singapore
aporting Centre	Sandan Sarra	Orange Porce	14.05	ICM No.	ar grows
rident Location	KPE (BCP) EXIT TO PIE (TUAS)	Grange Force		101	
2 Benefits	per (per) per (per (pers)				
/ Excess					
vn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
ent Party Excens	.0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa		dutate singapore 17 concess	2.55		
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
odification History					
Policyholder Mailing Ad	dress				
dress 1	45 WAK HASSAN DRIVE	Address 2	SINGAPORE 757397	Address 3	
tdress 4		Address Type	Singapore address	Post Code	757397
NE NO.		Related Policy Number	5077121731-02		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SEE YIL YIING	Driver NRIC	S9349958A	Driver DOS	20/12/1993
gister Date of Driver License	19/06/2012	Driver Age	24	Driving Experience	6
ntact No. (Mobile)	82820178	Contact No.(Office)	0	Contact No.(Home)	0
dress I	45 WAK HASSAN DRIVE	Address 2	SINGAPORE 757397	Address 3	
idress 4		Address Type	Singapore address	Post Code	757397
NE NO.					
ses he own a Singapore agistered car?	○ Yes ③ No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
eathalyser or Blood Test eading?	Dimg	Any injury?	○ Yes ® No		
odification History					
And the second second					
Claim 001 New					
sim Type *	OD-MX	Insured Name	NG BEE FUNG	Insured NRIC	51028518H
ontact No.(Mobile)	96319206	Contact No.(Home)	65552236	Contact No. (Office)	£ miles
nail Address		OI Vehicle Number	SKD45455	TP Verticle Number	sagesages
aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
aimant Name *	22	Claimant NRIC *			
arm Description	SKD45458 / SXQ839P ON 3 Aug 2018		112	Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
equire Finalisation	Yes 🔻	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ite Registered	06/08/2018 17:54	Claim Close Date		Date Received	06/08/2018 00:00
gort Taken By	Jackson	OUR MICHIGANISM CARES			
Print AK letter	, too see the second				
FIRE AR ARTHU					
			Seve Submit		
Attachment					
2					
cident No.	MT/1006177	Claim No.	001		
st Doc, Received	● Yes ○ No	Upload Date	06/08/2018 17:56		
	Path *	The state of the s	Category *	Confidential Urger	ncy * Description *
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