NATIONAL Assessment Cer		7-17-10-1	
Date In: 17/6/18-19:39	Jeb description	Date &Time Completed	Done by
ROFNO: NA NCIE O KOYZ /24	SAS e-filing	i	
Veh No: VER 1731	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/8/18-11:05	i-Motor Claim Form	m/1007687-202	17/8/18 20:18
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD : TP ! Reporting Only	i-Photo Uploaded		
Thi	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ix:
TP Particulars: Veh No: 54	(6598 U . INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	1,000 ()/\$2,000 ()		
General Remarks;-			
() Walk-In Customer: Customer's in			
() Total Loss Case : to e-mail Ins	urer URGENTLY.	5	
		Towing Co: (·)
			GENTANTAN TO THE TOTAL PROPERTY OF THE TOTAL
Remarks: (INC hotline: 6788 6616)	Date&Time Completed	. Done by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()			Done by
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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 aforesaid.

atoresaid,	
A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	17/08/2018 14:34
Date Of Accident	16/08/2018 11:05
Exact Location Of Accident	REPLUBLIC BLVD TWDS OPHIR RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR1751J
Insured/Policyholder	
Name Of Registered Owner	LEE SIAN TECK
NRIC No	S8107349Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92985155
Alternative Phone No	OFFICE-92985155
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5 X 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	5097218771
Cover Note Number	

Driver

Name of Driver	ANTONIO LEE SIAN YIU
NRIC No	S9644631D
Date Of Birth	03/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91778168
Fax Number	
Contact Number	OFFICE-91778168

EMail Address NOEMAIL Address 24A PHILIPS AVENUE

Postcode 547010

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

1

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES 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? 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)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLC6598U

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ANG CHYE BUAN NRIC/Passport Number S7006395F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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 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

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

NRIC/FIN No .:

1

GIARMC SketchPlanForm_V3

Date & Time:

2

NRIC/FIN No .:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Company of the Compan	ACCIDENT DETAILS	2000年,中华的中华人的 第
Date of accident	16108(18	(DD/MM/YY)
Time of accident	1105	(HH:MM)
Exact location of accident	Republic Blud towards ophic	Road

Tra printing at the late of	DE	TAILS OF \	/EHICLE	EUROPE	MESSES ASSESSED IN
Vehicle registration number		SKR	17513		
Vehicle make and model		H	ionda wzel		
Type of vehicle	Saloon 6	MPV 🗆 Bus 🗈		Van	Others:
Vehicle category	Private 🗈	Comm	ercial 🗆 🛮 M	otorcy	de 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes & Third part of	No 🗆	if no, please : Reporting on		

WHITE CALL TO	INSURANCE IN	FORMATION	《 1984年 1989 1989
Insurance company		TVC	
Policy number	5	697218771	
Type of policy	Comprehensive 🗆	Third party fire & theft a	TP only [

William Street S	NSURED / POLICY HOLDER	Female 🗆
Name	581073492	
NRIC / Fin / Passport number		
Contact	92985185	
Address	Aljuniet rescent s/380111)	409-

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Antonio Lee Sim Yiv Male Female 11				
NRIC / Fin / Passport number	596446310				
Contact	91778168				
Address	24A Millips Ave s(547010)				
Email address	antonolees 1296 & gmail.com				
Date of birth	63/12/1996				
Occupation	Indoor Outdoor				
Driving date pass	23162117				

Vas driver an employee of	47	Nor	OF THE ACCIDEN		
vas driver an employee vi he insured's company?	If no, rela	tionship of the	driver and insur	ed: Brother	_
Accident captured by camera?	Yes 🗆	No 🗹			
Weather condition	Clear	Raining 🗆	Others:		_
Road surface	Dry 🗹	Wet □			- 1
Vo of passenger			- CL ((Inclusive of driv	er)
					- 2
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Was anybody injured?	Yes 🗆				
Was other vehicle damaged?	TESLE	140 L			
	D D	ETAILS OF POL	ICE ACTION	是"Market And	
Reported to police?	Yes □	No 🗹 📗	f yes, please stat	te which police station.	
Police station name					
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Name					
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NAME OF TAXABLE PARTY.	1 100	WITNES	SS 2	苏泽州的	

A STATE OF THE STA	THIRD PARTY VEHICLE 1
Vehicle registration number	SLC 6598U
Vehicle make model	
Name	Mag chye Bran
NRIC / Fln / Passport number	57066395F
Contact	
200110000	
MANAGEMENT STREET, STR	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
CORP. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	THIRD PARTY VEHICLE 3
Mahiela variatentian aumhas	
Vehicle registration number Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
19公司 中国 1990年 1	ININD PARTS VEHICLE 4
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A THE RESIDENCE OF THE PARTY OF	经验的	INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No □
hospital by ambulance?		
AND DESCRIPTION OF THE PROPERTY OF THE PARTY		INJURED PERSON 2
Name	Name of Street, or other party of the last	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No п
	Yes	No D
Was injured conveyed to	1 C3 L1	NO D
hospital by ambulance?		
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Injuries sustained		
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Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
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MAY STATE OF	州田 建筑建筑	INJURED PERSON 4
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Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
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Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
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Name of	100000000000000000000000000000000000000	
Name	-	
Injuries sustained		
Which vehicle person in?	Voc	No 🗆
Were seat belts worn?	Yes □	No 🗆
	VACI	INO LI
Was injured conveyed to hospital by ambulance?	les 🗆	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		AD	DDENDUM	
A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
	Original Report No	002301811AHM:	Vehicle Registration N	o: SKRIZELT
	Name(as shown in NRI	c): Antonio Lee san	NRIC/FIN/Passport No	:_568463D
	(*Vehicle Driver/	/ehicle Owner) (*) Please de	elete as appropriate	
	Address	: 24A Philips Aven	MR	Singapore(5479)o
	Contact (Tel)		Mobile No.: 917-78	169
	Email Address	:		
	Date of Accident	: 16/8/18	Time of Accident : //	: 05
	Place of Accident	: Republic Blad to	ids other ed.	
		100		
		RMATION / AMENDMENTS		
	-	/		
				γ
	Policyholder / Drive Date:	r's Signature	Reporting Centre Pe Name: NRIC/FIN No.: Date:	ersonnel's Signature



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9644631D



ANTONIO LEE SIAN YIU

SINGAPORE

CHINESE

03-12-1995

595446310

4695894

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 23 Feb 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:596446310

NIIIO No. S9644631D

19-03-2011

24A PHILLIPS AVENUE SINGAPORE 547010

NP 428A

eBao Tech	BaoTech		Sent Hand Links					GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601		The second second			Change	Language	• Chang	e Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	1	6/08/2018 1	1:05	
	Vehicle No.(For Motor)	SKR175	SKR1751)			Certificate Number		1		
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5097218771		LEE SIAN TECK	S8107349Z	GPC	drivo CLASSIC	SKR1751	SKR1751)	22/01/2018	21/01/2019
					Continue	1				

cident MT/1007627								
icy No.	5097218771	Vehicle No.	SKR17513		GST Registration N	10.		
rtificate No.								
Ricyholder Name	LEE SIAN TECK				Policyholder NR1C		\$810734	9Z
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0	
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nax Address		Special Remark		4	eCode		311.0	
K	No Yes	TCA	® No ○Yes	·	eCode Reason			
D Protection	No	NCD Entitlement(%)	10		Private Hire		Not availa	ible
Accident Details								
port Date	17/06/2018 14:04	Accident Report Within 24 hrs	Yes	- 3	Accident Type		Unknown	
re of Accident	16/08/2018	Time of Accident hh:mm	11:15		Country of Acciden			
porting Centre	LOY ODY & D. LO.	Orange Force			ICM No.		Singapore	
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Benefits	32							
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rd Party Excess	0.0	O Dutside Singapore TP Excess	0.00					
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Policyholder Mailing Ad			a national and an area of				Name and Address of the Owner, where	
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dress 4	10.0000	Address Type	Singapore address	P	Yost Code		380111	
t No.	09-106	Related Policy Number	5097218771					
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ver Name		Driver Type						
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gister Date of Driver License		Driver Age			Oriving Experience			
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