Dota Inv. al. 1		(2CY1811AH		
Date In: 3/9/18 - 15:04	Jeb description	Date & Time Completed	Done by	
Res No: 4A) INC 18016016/24	SAS e-filing		<u> </u>	
Veh No: JUA 1443 E	E-mail (within Shrs, AIC 2hrs)			a
D.O.A :1/9/18-21-30	i-Motor Claim Form	M7/1009867-001	3/4/18 17:1	4
	i-Motor W/O (Within: OD 2)	rs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded			B(0) A(9)/
TD Insurance	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	).
TP Particulars: Veh No: 57	SUTGISC INC	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-:	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
	1,000 ( )/\$2,000 ( )			
General Remarks:			3.64 8 1 1 2	
( ) Walk-In Customer : Customer's in			And the second s	TENES PLES
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / NO( );	Towing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Doneby	
	<u> </u>	Dates: Inflic Collipse Su	West of Street Co.	
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )		-	
2) QC Check / Post Repair Inspection				
3) Unload Decurrer Photo (Pennir Cost >	( ) (0002	-		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ( )			
HALLMAN S. S. S.	\$3000] ( )		73.45 A. S.	700, 93.
Injury:	\$3000] ( )		### SOS:18:-	
Injury:	\$3000] ( )			
Injury:	\$3000] ( )		eedel scock see	
Injury:	\$3000] ( )		28.28 J. J. S. V.	
Injury:	\$3000] ( )		0)	74, 57.
Injury:  Date/Time: Actions		paration Checklist	Ant (S)	Amil (3)
Injury:  Date/Time: Actions  NA 18 05199	Invoice Pro	paration Checklist	Ant (S)	Amu(I) Add Bill
Injury:  Date/Time: Actions  NA K 05599  liumant's Particulars:	Invoice Pro	paration Checklist at Reporting (\$30); Assessment (\$100); INC (\$	Ant (S)	
Injury:  Date/Time: Actions  NA 18 05199	Invoice Pro  1) AR: Accident 2) DA: Dernag 3) TF: Towing 4) FT: Follow-	paration Checklist  Reporting (330); Assessment (\$100); INC (\$100); Fee S4	And (S) (§EBill 80) 0/\$45 \$120	
Injury:  Date/Time: Actions  NA K 05599  liumant's Particulars:	Invoice Profile Profil	paration Checklist  Reporting (330); Assessment (5100); INC (5) Fee S4 Through Survey Through Survey (Resurvey)	Anet (\$)   fst Bill   80) 0/\$45 \$120 \$30	
Injury:  Date/Time: Actions  NA K 05199  Laumant's Particulars:-  river/Owner: ontact No:	Invoice Print Prin	eparation Checklist  At Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Chrough Survey Chrough Survey (Resurvey) Assinst INC Only (wef 10 Jan 200); assinst INC Only (wef 10 Jan 200); assinst INC Only (wef 10 Jan 200);	Anit (\$)   fst Bill   80) 0/\$45 \$120 \$30 \$75	
Injury:  Date/Time Actions  NA 18 05399  laumant's Particulars:- river/Owner: ontact No:	Invoice Pro  1) AR: Accident 2) DA: Darney 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	paration Checklist  At Reporting (330); Assessment (5100); INC (5) Fee S4 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 200); action + SMRT Survey	Anit (\$)   fst Bill   80)  0/\$45  \$120  \$30  5)	
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Injury:  Date/Time Actions  NA 18 05399  Inimant's Particulars:: river/Owner: ontact No: amaged Portion:	Invoice Pri  1) AR: Accides 2) DA: Damag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA  8) NTUC Addit QIN* *N5: Courtes	eparation Checklist  at Reporting (\$30);  Assessment (\$100); INC (\$100);  Fee \$40  Chrough Survey  Chrough Survey (Resurvey)  against INC Only (wef 10 Jan 200)  cotion  + SMRT Survey  ional Services:-	Anit (\$)   fst Bill   80) 0/\$45 \$120 \$30 \$75	
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Date/Time: Actions  NA (Surge)  Raimant's Particulars:: river/Owner: ontact No: amaged Portion:  C. Checked by (Engr-In-Charge): uditors! Comments::-	Invoice Pro  1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD*  *N5: Courtes  *N6: Repair  *N7: Fost Re  *N8: DV / Co	paration Checklist  At Reporting (330); Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); Assessment (\$100); INC (\$100); Assessment (\$100); INC (\$100); Assessment (\$100); Assessme	Anit (\$)   fst Bill   80) 0/\$45 \$120 \$30 5) \$75 \$160	
Injury:  Date/Time: Actions  NA Korr99  Lumant's Particulars:-	Invoice Pro  1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD*  *N5: Courtes  *N6: Repair  *N7: Fost Re  *N8: DV / Co	eparation Checklist  at Reporting (\$30);  Assessment (\$100); INC (\$6  Fee \$4  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200)  ection  + SMRT Survey  ional Services:-  y Car / Tpt Allowance  Co-ordination  pair Inspection  bleet Excess Coordination  P (Non INC) against INC	\$00   \$40   \$10	

#### 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,
- 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.
- 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.		
A South Continues Supplied Spin Continues	ACCIDENT STATEMENT	
Date Of Report	03/09/2018 15:04	
Date Of Accident	01/09/2018 21:30	
Exact Location Of Accident	PIE (TUAS) BEFORE KALLANG EXIT	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA4418E	
Insured/Policyholder		
Name Of Registered Owner	HO BENG KUAN	
NRIC No	S7616086D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92987331	
Alternative Phone No	OFFICE-92987331	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL 1.5X 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	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPER	ATIVE LTD
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	

Fleet Policy NO

Policy Number 5087995823-01

Cover Note Number

#### Driver

Name of Driver HO BENG KUAN (HE MINGJUAN)

 NRIC No
 \$7616086D

 Date Of Birth
 12/05/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 22/08/1997

Driving Experience 21 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92987331

Fax Number

Contact Number OFFICE-92987331

EMail Address NOEMAIL

Address BLK 139B LORONG 1A TOA PAYOH

#04-60

Postcode 312139

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 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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : -

NO

NO

GENDER: : MALE

#### **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? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJR4598C

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) 4

Passenger 1 NAME: :
GENDER: :

Passenger 2 NAME:

GENDER: :

Passenger 3 NAME:

GENDER: :

#### 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 <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.
- 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 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)

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:
  - (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

Name:

NRIC/FIN No .:

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		011	the	stated	date	if the	ne, I,	veling	ile 'A'	SLAL	1418E	. was
My vehicle's rear portion. I wan to state that I was stationary at the point of impact.	travel	ling	STVA	ight .	along	the	stated	ven v	18. Tro	ittic	Was	heavy
my vehicle's near portion. I wan to state that I was stationary at the point of impact.	and	₹v	ov4 v	enicle	_brate	ano	I I bi	are	as	well.		-,
				.1. MOV	wents	later,	venicle	·6'	SJF 4	5980	, hin	auto
stationary at the point of impact.	MY	vev	icle 's	s 140	IV POM	icn ·	I WYN	10	state	tuat	11	was
	statio	onav	y at	the	point	of -	impact	•				
										-		-
		-										
									53			
			<del></del>									

#### 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.:

### ACCIDENT STATEMENT

ACCI	DENT DATE: 01 / 09/ 2	1018)(DD/MM/MM	r), TIME: 21:2	8. HHH:MM)
	TION: PIECTUAS) be			
	DETAILS OF VEHICLE  GIVEHICLE NUMBER:  DUNSURANCE COMPANY	SLA 4418E .	M.	
	C)POLICY NUMBER:  D)POLICY TYPE: (COMPRE  B)MAKE & MODEL:  f)TYPE: (SALOON / COUPE  G)VEHICLE CATEGORY: (PE  h)PURPOSE OF USING AT /	5087995823-1 EBENSIVE / THIRD PAR HONDA VETE   /MPV /VAN / LORR' RIVATE / COMMERCI ACCIDENT TIME: DER YOUR OWN INSU	Y / THÍRD PARTY Y / MOTORCYCLE AL / MOTORCYCL PYVATE RANCE (YES/NO)	/ OTHERS)
2.	b) NRIC/FIN/PASSPORT:	ng ruan S76160860	(MALE / (MALE / 	4146, 1551
fil st	* CONTINUE TO 3.d IF DRIV	ER ALSO POLICY HO	LDER	- B
14 Ho of passenga	DRIVER a) NAME:		/MALE /	FEMALE)
(1) (1)	b) NRIC/FIN/PASSPORT: C) ADDRESS:		_CONTACT:	
	*d)DATE OF BIRTH: ( 2 /- e)OCCUPATION: (INDOOR f)YEARS OF DRIVING EXPRE WAS DRIVER AN EMPLOY	PRIENCE: 20 YEAR	rs ·	YES / (00)
8	IF NO, RELATIONSHIP OF	THE DRIVER WITH	INSURED:	owner
5. 0	D)WEATHER CONDITION: (C	CLEAR / RAINING / O	THERS	
6. \	D)ROAD SURFACE: (DRY / V WAS ANYBODY INJURED (YI D)REPORTED TO POLICE (YE IF YES, PLEASE STATE WHIC	ES / NO) (S / NO)		
8. T	UIDO PARTY VEHICLE		E 1	
the of passenger	a) VEHICLE NUMBER:	SJR 4598C	_MODEL:	
Induding driver)	b) DRIVER'S NAME:	No.	_CONTACT:	
(04) Truildrey	HIRD PARTY VEHICLE			
	d) VEHICLE NUMBER:		_MODEL:	
Including driver)	) DRIVER'S NAME: ) NRIC/FIN/PASSPORT:		_CONTACT:	
	H		[144]	

email =

fax =

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 7 6 1 6 0 8 6 D

HO BENG KUAN (HE MINGJUAN)

Birth Date: 12 May 1976

Issue Date: 01 Jul 2017



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7616086D





Name

HO BENG KUAN (HE MINGJUAN)

何明娟

Race

CHINESE

Date of birth Sex

12-05-1976 F

Country of birth





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

#### **EFFECTIVE DATE**

Class 2B

Motorcycles =< 200 cc

23 Feb 1995

Class 2A Class 3

Motorcycles between 201 cc and 400 cc Motor cars with unladen weight =< 3000kg with =< 7

12 Nov 1998 22 Aug 1997

passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S7616086D

NP 428A

3917348



NRIC No. S7616086D



Date of issue

11-08-2006

APT BLK 139B LORONG 1A TOA PAYOH #04-60

SINGAPORE 312139

NRIC No: S7616086D

Date:

29/09/2012

Scanned by CamScanner

<b>eBao</b> Tech							國際	GeneralClaim				
Hello, NAC_PAYA_UBI_80	0601		The second second			• Change	Language	• Chang	e Password	• Log Out		
My Desktop	<b>Policy Query</b>											
Notice of Loss	Policy No.				Date	of Accident	0	1/09/2018 2	21:30			
	Vehicle No.(For Motor)	SLA441	8E		Certifi	icate Number						
				1	Search							
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	O 5087995823- 01		HO BENG KUAN	S7616086D	GPC	drivo CLASSIC	SLA4418E	SLA4418E	01/03/2018	28/02/2019		
					Continue	1				-		



coldent No.	MT/1009867		- 648800 PM2.			
			Claim No.	001		
Attachment				Save Submit		
Print AK letter						
port Taken By	Jackson		02220000000		Commence of the commence of th	-
te Registered	03/09/2018 15:24		Claim Close Date	3	Date Received	03/09/2018 00:00
pure Finalisation	Yes	V	Preferenced Repair Option	Preferred Workshop, Name unknown	GIA report	Received
erned Workshop Contact	SANTERE J AMPENDEL ON	- orpo avis	Insured Liability +	Not at Fault	reliei ed workshop	
mant Address m Description	SLA4418E / SJR459BC DN	I Sach 2015			Name of Preferred Workshop	
mam Name *		22	Claimant NRIC *		100	
mant Type Claimant Type *	Please Select	V	Type of Seneft. *	Please Select		
ail Address	kaykaydoby@yahoo.com.sg	reference .	OI vehicle Number	SLA4418E	TP Vehicle Number	SJR4598C
ntact No.(Mobile)	90053358		Contact No.(Home)		Contact No. (Office)	
ит Туре •	00-MX	¥	Insured Name	HO BENG KUAN	Insured NRIC	57616086D
laim 001 New						
dification History						
reathelyser or Blood Test coding?	0 mg		Any injury?	○ Yes ® No		
claration						
es he own a Singapore gistered carf	○ yes ® No		Driver Vehicle No.		Driver Insurer Company	
E No.	04-60		10000000000	CONTRACTOR OF THE PROPERTY OF	00070008580	Trong The Fill
dress 4	SINGAPORE 312139		Address Type	Singapore address	Post Code	312139
ntact No.(Mobile) dress 1	92987331 BLK 1398		Contact No.(Office) Address 2	LORONG 1A TOA PAYOH	Contact No. (Home) Address 3	0 THE PEAK @ TOA PAYON
gitter Date of Driver License			Oriver Age	42	Driving Experience	21
named driver Name			Driver NRIC	57616086D	Driver DOB	12/05/1976
ver Name	HO BENG KUAN		Driver Type	Main Driver		
OI Driver Info						
t No	04-60		Related Policy Number	5087995823-01		
iress 4	SINGAPORE 312139		Address Type	Singapore address	Post Code	312139
dress 1	BLK 1398 #04-60		Address 2	LORONG 1A TOA PAYOH	Address 3	THE PEAK @ TOA PAYOH
Policyholder Malling Ad	dress					
Registration No. dification History				war makes vermed	Yes	
T Registered T Registration No.	No			GST Registration Date GST Status Verified	Vac	
7 GST Registered Informa				0.000.000.000.000.000		
9 Benefits	200					
and Party Excess		0,00	Outside Singapore TP Excess	0.00		
Mamed Driver Excess		0.00	Outside Singapore OD Excess	600.00		
en damage Excess	60	0.00	Additional Excess	0	Windscreen Excess	100.00
2 Excess						
cident Location	PIE (TUAS) BEFORE KALLA	NG EXIT				
porting Centre			Orange Force		JCM No.	
te of Accident	01/09/2018		Time of Accident filtrimm	21:30	Country of Accident	Singapore
port Date	03/09/2018 15:22		Accident Report Within 24 hrs	ves	Acodent Type	Collision - Head to Rear
Accident Details	10.100			10	Michigan Co.	20000
D Protection	Yes		NCD Entitlement(%)	50	Private Hire	No.
nail Address K	® No ○Yes		Special Remark TCA	® No ⊜Yes	eCode eCode Reason	12: 💙
ntact No.(Mobile)	92987331		Contact No.(Office)	0	Contact No.(Home)	0
Iduct, Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC	Loading	0
licyholder Name	HO BENG KUAN				Policyholder NR3C	S7616086D
tificate No.				5.7-2.000.000		

