1126 10: 20 - 11.61	Job description		Date & Time Completed	Do	ie by
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Vch No: JCA) 18845	E-mail (within Shr		l and an	1	
D.O.A: 20/9/8 - 09:10	i-Motor Claim		101-567101 LW	20/0/18	14.7.3
OD TP Reporting Only	i-Motor W/O (v		, 7°P 4brs)		
U .	i-Photo Upload	and the second		-	
TP Insurer:	Assessment/Surv		<u> </u>		
	Ass't Report by I	ax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JKU	5692	INC (
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Confirmed by : (Date:	Time:)	
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2) QC Check / Post Repair Inspection	()				
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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.
- 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

Control of the second	ACCIDENT STATEMENT	
Date Of Report	20/09/2018 14:53	
Date Of Accident	20/09/2018 09:10	
Exact Location Of Accident	CTE (AYE) BEFORE ANG MO KIO AVE 1 EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN5884S	

Vehicle Registration Number	SLN5884S	

Insured/Policyholder

Name Of Registered Owner METRO CAR LEASING PTE LTD

Co Reg No 201810490D Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer MAZDA

Model MAZDA3 SEDAN 1.5 AT EU6

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5102453168 Policy Number

Cover Note Number

Driver

Name of Driver KUAN CHIA CHOON (GUAN JIAJUN)

NRIC No S7817668G Date Of Birth 22/06/1978 Occupation OUTDOOR Date Of Driving Pass 28/04/1997

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83288787

Fax Number

Contact Number OFFICE-83288787

EMail Address NOEMAIL

BLK 505B YISHUN STREET 51 Address

#10-38

762505 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

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) NO 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?

YES NO

1

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKL5693Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

LEE CHEAH WEI PAUL Name of Driver

NRIC/Passport Number

96308297 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKE8080J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

A 44

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

PRIVATE CAR

MR YEOW CHIN WEI

91457047

2

NAME:

GENDER:

IMPORTANT NOTICE

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 6. 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.
- 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:
 - (i) 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")
- 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.

Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

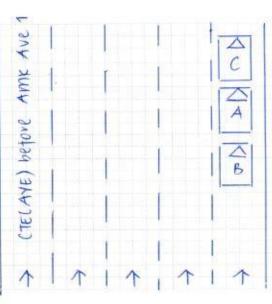
Date & Time:

Reporting Centre Personn Signature

Name:

NRIC/FIN No .:

Vehicle A SLN 58845 Whille B SKL 56937 vehicle C: SKE8080 J



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		-											
						11							

DECLARATION

I/We I The Design particulars are true in every respect.

Policyholder 3 Signature

ROC NO: 2018104900

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (20/ 09/ 2018)(DD/MM/YYY), TIME: (09: 09 HHH:MA
LOCATION: CIE (AYE) before Ang motio ave I exit.
ECORITOR.
1. DETAILS OF VEHICLE
OVEHICLE NUMBER: SLN 5884 S
BINSURANCE COMPANY: NTUC
dipolicy type: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT
WARE A MODELL MIGHTON IN
TITUDE (C. LAAL) COLIDE / MPV /V AN / LORRI / MOTORCIDEL
INCLUDE CATEGORY PRIVATE / COMMERCIAL / MOTORCICLE)
EXPURPOSE OF USING AT ACCIDENT TIME: NOTE PUT POR
TARE YOU CLAUMING LINDER YOUR OWN INSURANCE (183/1997)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: METTO CAY LEASING PLE LEASING
DJNRIC/FIN/FASSFORI
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
2 DRIVER
THO OF PASSONGE FURN CHIR CHOON (MALE FEMALE)
CONTACT: STOLL CONTACT: STOLL CONTACT:
(OL) GIADDRESS: 505B YISHUM ST 51 #10-38 S(762505)
THE WORLD STATE OF THE PROPERTY OF THE PROPERT
*d)DATE OF BIRTH: ()2 / 06/ 1976) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
TYPEARS OF DRIVING EXPRERIENCE: (YES / NO)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10)
IE NO RELATIONSHIP OF THE DRIVER WITH INSURED.
5. GIWEATHER CONDITION: (CILEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8 THIRD PARTY VEHICLE
ALD ALDRESSONS OF VEHICLE NUMBER: SKLD695 MODEL:
b) DRIVER'S NAME: LEE CHEAN WEI YOUT
CI NRIC/FIN/PASSPORT:
(OI) Males THIRD PARTY VEHICLE
d) VEHICLE NUMBER: SKE 8080J MODEL:
No of passenger of DRIVER'S NAME: MY YEOW CHIN WEI
Induding driver) f) NRIC/FIN/PASSPORT:CONTACT: 145 TU41
(0)) 1 male
1 female

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7817668G





Name

KUAN CHIA CHOON (GUAN JIAJUN)

関迦骏

Race

CHINESE

Date of birth

Sex

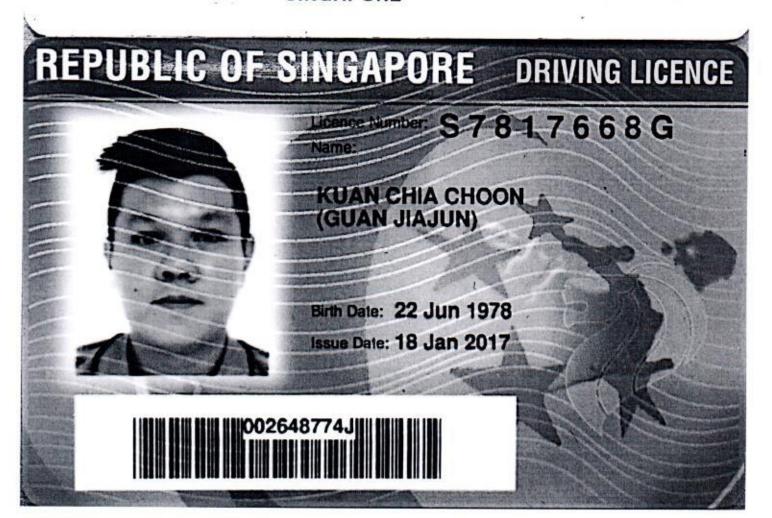
22-06-1978

M

Country of birth

SINGAPORE

97817668G







NRIC No. S7817668G

Date of Issue

02-07-2008

Address

APT BLK 505B YISHUN STREET 51 #10-38 SINGAPORE 762505

MRIC No: S7817688G

Date: 02/06/2015

TOU AND LICENSE . EHICLES & THE FOLLOWING CLASSIES

Class 2B Class 2A

Motorcycles =< 200 cc

Motorcycles between 201 cc and 400 cc

Class 2 Motorcycles > 400 cc

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor

vehicles with unladen weight =< 2500kg

13 Oct 1994

22 Mar 2002

28 May 2003

28 Apr 1997

NP 428A



eBao Tech							E S		COURT OF STREET	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	• Chang	e Password	• Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	20	0/09/2018 0	9:10	
	Vehicle	No.(For Motor)	SLN58	845		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102453168		METRO CAR LEASING PTE LTD	201810490D	GPC	drivo CLASSIC	SLN5884S	SLN58845	18/07/2018	17/07/2019
					1	Continue	1				

Policy No.	5102453168	Policyholder Name	METRO CA	AR LEASING PTE LTD	Policyholder NRIC	201810490D	
Certificate No.					Allenia		
Address	210 TURF CLUB ROAD #LOTAS	THE GRANDST	AND SING	APORE 287995			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/07/2018	Effective Date	18/07/201	18 00:00	Expiry Date	17/07/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	210 TURF CLUB ROAD	Addre	ss 2	#LOTAS THE GRAN	IDSTAND	Address 3	SINGAPORE 287995
Address 4		Addre	ss Type	Singapore address		Post Code	287995
	LOTA8	Relate Numb	ed Policy er	5104039924			
Jnit No.							
	ed Object: SLN58845						
Unit No.							

ticy No.	5102453168	Vehicle No.	5LN58845	GST Registration No.	
ertificate No.				OCONTACTE HONOR ACCOUNT	
licyholder Name	METRO CAR LEASING PTE LTD			Policyholder NR3C	2018104900
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loeding	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	The V
nc.	® No ⊜ Yes	TCA	® No ⊜Yes	eCode Reason	1
CD Protection	No	NCD Entitlement(%)	0		32
Accident Details		ACD CHARMENT WAY		Private Hire	No
port Date	20/09/2018 15:54				
		Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ite of Accident	20/09/2018	Time of Acodent hhomm	09:10	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	CTE (AYE) BEFORE ANG MO KID AVE 1 EXIT				
Excess					
m damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Engapore OD Excess	1,500.00	The state of the s	- system
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits	21,500,000	Contract Strigggord 17 Excess	1,500,00		
GST Registered Inform	ation				
T Registered					
T Registration No.	No.		GST Registration Date	928	
Offication History			GST Status Verified	No	
Policyholder Hailing Ad	dress				
ress 1	Z10 TURF CLUB ROAD	Address 2	ALOYAR THE COMPETANT	Chatterer Ch	***************************************
dress 4	100		#LOTAS THE GRANDSTAND	Address 3	SINGAPORE 287995
	134007	Address Type	Singapore address	Past Code	287995
# No.	LOTAS	Related Policy Number	5104039924		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	KUAN CHIA CHOON (GUAN JIA)	Driver NRIC	\$7817668G	Driver DOB	22/05/1978
pater Date of Driver License	28/04/1997	Driver Age	40	Driving Experience	21
riact No.(Moisile)	83288787	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 505B	Address 2	YISHUN STREET 51	Address 3	ACACIA BREEZE @ YISHUN
dress 4	SINGAPORE 762505	Address Type	Singapore address	Post Code	762505
1 No.	10-38	1000 CR 155		Publication Control	702303
es he own a Singapore	OverWise	war and a second			
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
pistered car? Saration sathalyser or Blood Test				Driver Insurer Company	
gistered car? daration eathwyser or Blood Test	○ Yes ® No Omg	Driver Vehicle No. Any Injury?	○ Yes ® Mo	Driver Insurer Company	
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gistered car? daration eathwyser or Blood Test			○ Yes ® No	Driver Insurer Company	
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