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OD TP. Reporting Only	i-Motor W/O (Within: OD 2)		09"	2
	i-Photo Uploaded			
TP Insurer	Assessment/Survey Report			0.7 - 0.50
3	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (<u> </u>	Tel: F	ax:	
TP Particulars: Veh No:	ISG INC)/Non-INC()		
Owner / Driver: (Tel:)	
	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	90%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,0	000()/\$2,000()			
General Remarks:-	and the second of the second	TANK MANAGEMENT	579 9	
() Walk-In Customer's info	rmation strictly Confidential & S	trictly NO rafer of repairer.		
() Total Luss Case : to e-mail Insure	er URGENTLY.			
Drive-In () / Towed-In (); Invoice	:: YES () / NO () ; '	Fowing Co. (37)
Remarks:- (INC horline: 6788 6616)				
11 4 1 5 7	Control Control	Date&Time Completed	Done	by
	Courtesy Car ()			
2) QC Check / Post Renair Inspection				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3]	()			
3) Upload Resurvey Photo [Repair Cost > \$3	()			
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SINGAPORE ACCIDENT STATEMENT

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 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.

storesaid.	
AT A STATE OF THE	ACCIDENT STATEMENT
Date Of Report	24/09/2018 20:45
Date Of Accident	23/09/2018 17:50
Exact Location Of Accident	JUNCTION OF PIONEER ROAD NORTH/SOON LEE DRIVE
Country/State of Loss	SINGAPORE
D. Children St. Barrier D.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG215E
Insured/Policyholder	
Name Of Registered Owner	JYOTIRAKSHA SAHA
NRIC No	S9170604J
Email Address	KRYSTALLMZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83398337
Alternative Phone No	OTHERS-93869266
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099600599
Cover Note Number	
Driver	

KRYSTAL LEE MIAO ZHI Name of Driver

S9307351G NRIC No 25/02/1993 Date Of Birth INDOOR Occupation 16/01/2013 Date Of Driving Pass

5 YEARS AND 8 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-83398337 Mobile Number

Fax Number

OTHERS-93869266 Contact Number

KRYSTALLMZ@GMAIL.COM EMail Address

Address

BLK 659B JURONG WEST STREET 65

#13-309

Postcode

642659

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - GIRLFRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO STATEMENT AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FA15G

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

TNG SWEE HOCK

NRIC/Passport Number

S1227735J

Contact Number

97814700

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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 Personnel's Signati

Name-

NRIC/FIN No.

Charles Commission Commission

AYE ion Lee Or 24/09/18 gul 24/09/2018
Rook harriss

The incident occurred on 23/09/2018 1750 hours along Pioneer Road North heading towards AYE before Soon Lee Drive. I was on the leftmost lane (straight and left turn lane going straight with the right of way. As I was approaching the junction, a bike, FA15G, suddenly dashed across from my right from the second lane in front of me to make the left turn. I immediately jammed brake to avoid him, but it was too late as he hit my car first on the right side of the bumper in his effort to make the turn. Due to the impact, my bumper was dislodged on both sides and my centre grill in the bumper was dislodged inwards as well. No injuries were sustained during the accident.

Can relog bold Rosh hartons
Lugar 24/09/18

Claim Handling

cident MT/1012654									
dicy No.	пинистич.	werkshe fee,	5862256		GST Registre	rtion No.			
ertificate No.									
licyholder Name	JHOTESAKSHA SAHA				Pulicyholder	MRIC	\$937060	HU	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Luading		D.		
ontact No.(Mobile)	K359E337	Contact No.(Office)			Contact No.(Huma)			
mail Address		Special Remark			eCome		No *		
nc:	+ NE 705	TEA	+ No Yes		eCode Reaso	in i			
CD PHEHENIAN	No	NCD Enotement(%)	li li		Private Hira		Pilo		
▽ Accident Details									
eport Date	25/09/2818 09:36	Accident Report Within 24 hrs.	Yes.		Accdent Typ	per .	Side Se	pe	
ate of Accdem	23/09/2018	Time of Accident by mm	17:50		Country of A	Accident	Singapo	e.	
egarting Centre	ADMINISTRA	Drange Force			SCH No.				
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		Additional Excess			Windstreen	Sarres	0.00		
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□ 01 Oriver Infu	The second Property of	Datum France	Unmarried Driver						
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Unrames sriver hame	WHALLTER MIND SHI				Driving Exp		5		
Register Data of Driver Ucense	16/01/2013	Driver Age	25		Contact No.		0.0		
Contact No.(Moolle)	93869266	Contact No.(Office)			Address 3	diamet	Tal Hall Print	NORE 64369	623
Address 1	BLK 6598 #13-329	Address 2	JUAGNO WEST STR	61/1-03	Post Cook		64365		4.11
Address 4		Address Type	Foreign address		Part Love		10000	500	
Dest No.	13-309				-	CONTRACTOR CONTRACTOR	72.07.10		
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Does he own a Singapora Registered car?	Yes + No	priver verme and.							
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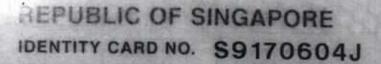
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ACCIDENT STATEMENT

	ACCIE	DENT DATE: 123 / 09 / 2018 ((DD/MM/YYY	Y), TIME:(17 : 50)(HH:MM)
at the	LOCA	TON PIONEER ROAD NORTH	
表		70K	
=	L	DETAILS OF VEHICLE ALL SEG 215 E	* * 4
		BINSURANCE COMPANY: NTUC INCOME	
	57	c)POLICY NUMBER: 5099600599	
		d POLICY TYPE: [COMPREHENSIVE / (HIRD PA	RTY)/ THÍRD PARTY FIRE &THEFT)
		HIMAKE & MODEL: TOYOTA ALTIS	
		TITYPE: CALOON / COUPE / MPV /VAN / LORS	RY / MOTORCYCLE / OTHERS)
		gIVEHICLE CATEGORY: (RRIVATE) COMMERC	CIAL / MOTORCYCLE)
		h) PURPOSE OF USING AT ACCIDENT TIME: PRI	VATE
		I) ARE YOU CLAIMING UNDER YOUR OWN INS	URANCE (YES/NO)
		IF NO, PLEASE STATE CHIRD PARTY CLAIM F	REPORTING ONLY)
	2	INSURED / POLICY HOLDER	
	4.	ANAME THOTIRAKSHA SAHA	MALD / FEMALE)
		b)NRIC/FIN/PASSPORT: S9170604J	CONTACT: 8339 8337
		c)ADDRESS:	
		C/ADDRESS	
		. CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
stri d	2	DRIVER	OLO EN
dies of beize	an of the	GNAME: KRYSTAL LEE MIAO ZHI	(MALE / EEMALE)
Still of person Concluding of	liver)	bINRIC/FIN/PASSPORT: S930+3514	CONTACT: 9386 9266
(1)		CIADDRESS: 6598 TURONG HEST STREET	T 65 #13 - 309
		SINGAPORE 641659	1 05 1113 301
			77117700001
	¥iii	d)DATE OF BIRTH: (25 / 02 / 1993)(DD	/MM/1111)
		eloccupation: (NDOOR) OUTDOOR)	
	4	WAS DRIVER AN EMPLOYEE OF THE INSU	BED'S COMBANYS (VES / NO
22	4.	IF NO, RELATIONSHIP OF THE DRIVER WI	TH INCLIDED BOYERIEND
		THE NO, RELATIONSHIP OF THE DRIVER WI	OTHERS
	5.	DIWEATHER CONDITION: (CLEAR) RAINING	Olners
	32	b)ROAD SURFACE: (DRY) / WET / OTHERS	
		WAS ANYBODY INJURED (YES ANO)	
	60	a) REPORTED TO POLICE (YES NO	Ni S
	22	IF YES, PLEASE STATE WHICH POLICE STATIO	Ν,
8004 - CIN 80	8.	THIRD PARTY VEHICLE	MODEL: MOTORBIKE
tions of Arrest	25.	O VEHICLE NUMBER: TAIS	WODEL: HOTOROGAC
Addeding 3	110	b) DRIVER'S NAME: TNG SHEE HOCK C) NRIC/FIN/PASSPORT: \$12217353 THIRD PARTY VEHICLE	CONTACT: 9781 4700
- 1	77.461	CJ NRIC/FIN/PASSPORT: 312211353	CONTACT: Trail 1700
41	9.	THIRD PARTY VEHICLE	77.000
April of part	Dinner.	d) VEHICLE NUMBER:	MODEL:
Towns of them	The same	e) DRIVER'S NAME:	
L 1-1 (15/19)	50.00	d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	CONTACT:

EMPU. - KRYSTALLMZ@GMAIL. COM







Name

JYOTIRAKSHA SAHA

BANGLADESHI Date of birth 06-11-1991 Country of birth BANGLADESH



IDENTITY CARD NO. \$9307351G



KRYSTAL LEE MIAO ZHI







CHINESE 25-02-1993

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



59307351G

KRYSTAL LEE MIAO ZHI

25 Feb 1993 16 Jan 2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor Cars=< 3000kg with =<7 passengers, exclusive 16 Jan 2012 of the driver; and other motor vehicles =< 2500kg



4187954





12-03-2008

APT BLK 659B JURONG WEST STREET 65 #13-309 SINGAPORE 642659

NP 428A

Licence No. 59307351Q



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	CONTRACTOR OF THE PARTY OF THE
MOTOR VEHICLES (TURN DARM) NICKS) NOW	war na tarana ana mata na tarana an t

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

Certificate	Number: 5099600599
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Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SKG215E

Chassis Number

: MR053REE104136450

2. Name of Policyholder

: JYOTIRAKSHA SAHA

3. Effective Date of Insurance

: 09 Apr 2018

4. Expiry Date of Insurance

: 08 Apr 2019

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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: JYOTIRAKSHA SAHA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

: 09 Apr 2018 12:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive