NATIONAL Assessment Cen	1			
Date In: 15/4/18-12:30	Jeb description	Date & Time Completed	Don	e by
Ref No: NA INC18017423/24	SAS e-filing	İ		
Veh No: Dpaggzz	E-mail (within 8hrs, AIC 2h	rs)		
D.O.A: 24/9/18-1847	i-Motor Claim Form	M7/10/2 992-001	20/18	15:31
OD / TP / Reporting Only	i-Motor W/O (Within: Ol			
OD / TP / Reporting Only	i-Photo Uploaded			W
TD Innuar	Assessment/Survey Repo	ort		Half on Half
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JU	,3344 H IN	C()/Non-INC()	4	
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	XXIII SANTESAN
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO)		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()			
General Remarks:-				4.5.
() Walk-In Customer : Customer's in	formation strictly Confidential	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	irer URGENTLY.			
Drive-In ()/Towed-In (); Invoi	ice: YES() / NO()	; Towing Co: (·)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()		Date&Time Completed.	Done	by
Remarks;- (INC hotline: 6788 6616)	Courtesy Car ()		Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1]	Courtesy Car ()		Done	sjby
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car ()		Done	bby
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car ()		Don	by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car ()		Done	Shy
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car ()		Done	Sby
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time: Actions	() () () () () ()	Date&Time Completed	Done Ant(S)	Ami (5)
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Date & Time Completed Preparation Checklist dent Reporting (\$30); toge Assessment (\$100); INC (\$100); toge Assessment (\$100); INC (\$100); toge Assessment (\$100); INC (\$100); toge Assessment (\$100)	Amit (5) fit Bill 30) 7345 5120 530) 575 5160	Ami(s)
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:-	Courtesy Car (Date & Time Completed Preparation Checklist dent Reporting (\$30); toge Assessment (\$100); INC (\$100); toge Assessment (\$100); toge Asses	Ant(S) fit Bill 80) 7545 5120 530) 575 5160 55 510 525 530	Amt(t)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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,
- 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
- aforesaid.

aviesaiu.	ACCIDENT STATEMENT
Date Of Banart	25/09/2018 12:30
Date Of Assistant	24/09/2018 18:15
Date Of Accident	JUNC BUKIT TIMAH RD & MAYNE RD
Exact Location Of Accident	
Country/State of Loss	SINGAPORE
The same of the sa	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP9932Z
Insured/Policyholder	
Name Of Registered Owner	YAM MOW LAM
NRIC No	S2554006I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97913832
Alternative Phone No	OFFICE-97913832
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 250CGI
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	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	5063679484-04
Cover Note Number	
Driver	
Name of Driver	ANG CHOON BENG
NRIC No	S1777454I
Date Of Birth	31/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94555349
Fax Number	1
Contact Number	OFFICE-94555349
	1 203 SECHARIPMON

NOEMAIL

11 SENGKANG SQUARE Address

#03-38

545076 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident 2 NO Was any body injured in the Accident?

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.

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 BUKIT TIMAH RD. SUDDENLY VEHICLE B COMING OUT FROM THE YELLOW BOX AND CUT ONTO MY LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

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 SLL3344H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR LIM BEE HUAT

NRIC/Passport Number

S0122067E

90883344 Contact Number

Address Postcode

Insurance Company Name

SKETCH PLAN

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 <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 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 Sign+ ire Date & Time: Driver's Signature

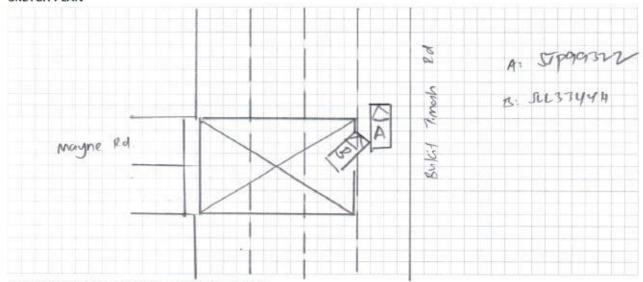
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signa

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Sigr_k ure Date & Time: Driver's Signature (If driver is not the policyholder)

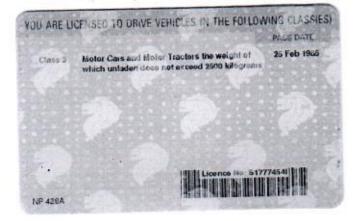
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





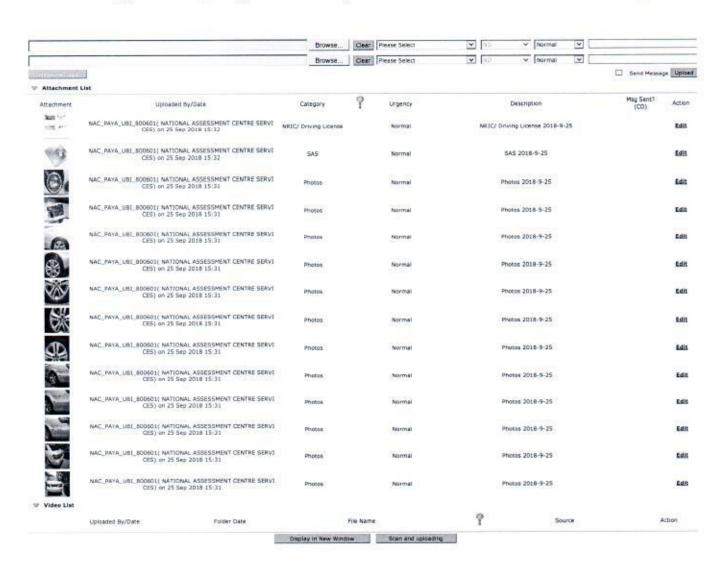






Policy No.	5063679484-04	Policyholder Name	YAM MOW L	AM	Policyholder NRIC	S2554006I	
Certificate No.					1000		
Address	190 MIDDLE ROAD #16-03 FORT	UNE CENTRE	SINGAPORE	188979			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/01/2018	Effective Date	22/01/2018	00:00	Expiry Date	21/01/2019 23	: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/	Inexperience Driver Excess
Agent	NEWSTATE STENHOUSE (S) PTE	Agent Tel.	62229188		GST Flag	Υ	
Co- insurance Flag Open	No						
Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	190 MIDDLE ROAD	Addre	ess 2	#16-03 FORTUNE	CENTRE	Address 3	SINGAPORE 188979
Address 4		Addre	ss Type	Singapore address		Post Code	188979
		Relati Numb	ed Policy er	5097789613			
Unit No.							
	ed Object: SJP9932Z						

aim Handling					
cident MT/1012992		70000000	State		
licy No.	5063679484-04	Vehicle No.	S)P9932Z	GST Registration No.	
tificate No.					
icyholder Name	YAM MOW LAM			Policyholder NRIC	525540061
iouct Code	PRIVATE CAR INSURANCE	Cover Type	grive CLASSIC	Loading	0
ntact No. (Mobile)	97913832	Contact No. (Office)	o .	Contact No (Home)	0
sell Address		Special Remark		eCode	The V
	- 2		2		
Someone S	® No ○ Yes	TCA	® No. ○ Yes	eCode Keason	
) Protection	Yes	NCD Entitlement(%)	50	Private Hire	Neo
Accident Details					
ort Date	25/09/2018 15:29	Accident Report Within 2	24 hrs Yes	Accident Type	Collision - Change / Cross lane
e of Acodent	24/09/2018	Time of Academ nhimm	18:15	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	JUNC BUKIT TIMAH RD & MAYN	Æ RD			
Excess					
	200.00		0	Minternan Fyran	100.00
damage Excess	600.00			Windscreen Excess	100.00
amed Driver Excess	500.00	Outside Singapore OD E	(wcess 600.00		
d Party Excess	0.00	Outside Singapore TP Ex	xcess 0.00		
Senefits					
GST Registered Informa	ition				
Registered	No.		GST Registration Date		
	Petr.		GST Status Verified	Yes	
Registration No.			GOL STREET	169	
Affication History					
B. H	december 1				
Policyholder Mailing Ad		7000000			**************************************
tress 3	190 MIDDLE ROAD	Address 2	#16-03 FORTUNE CENTRE	Address 3	SINGAPORE 188979
dress 4		Address Type	Singapore address	Post Code	188979
t No.		Related Folicy Number	5097789613		
OI Driver Info					
	100000000000000000000000000000000000000	Spinite mil	VIOLENCE WILLIAM		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver	523 193	000000000
amed driver Name	ANG CHOON BENG	Driver NRIC	S1777454I	Driver DOB	31/10/1966
ster Date of Driver License	25/02/1989	Driver Age	51	Driving Experience	33
tact No.(Mobile)	94555349	Contact No.(Office)	0	Contact No.(Home)	0
	and the second second second second	Address 2	COMPASS HEIGHTS	Address 3	SINGAPORE 545076
iress I	11 SENGKANG SQUARE				
iress 4		Address Type	Singapore address	Post Code	545076
e No	03-38				
es he own a Singapore gistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration					
athelyser or Blood Test ading?	Omg	Any injury?	○ Yes ® No		
sangr					
dification History					
100 16					
laim 001 Nsw					
604,5000	Feb. 500 100	T very consequence	Construence cons	Insured NRIC	\$25\$40061
m Type *	DD-MX		YAM MOW LAM		525540001
Mact No. (Mobile)	97913832	Contact No.(Home)	62539113	Contact No.(Office)	
all Address	ryace@yahoo.com	Of Vehicle Number	5366645	TP Vehicle Number	SLL3344H
mant Type Claiment Type *	processor and the same of the	Type of Benefit +	Please Select		
mant Name *					
		≥≥ Comment NR3C *			
nant Address				2000 0000	
m Description	SJP9932Z / SLL3344H ON 24 S	legt 2018		Name of Preferred Worksho	P
ferred Workshop Contact		Insured Liability *	Not at Fault		
guire Finalisation	Yes U		Preferred Workshop, Name unknow	in V GIA report	Received
	in the same of the				25/09/2018 00:00
e Registered	25/09/2018 15:31	Claim Close Date		Date Received	23/08/2010 00:00
ort Taken By	Jackson				
Print AK letter					
The second of					
			Save Submit		
ttachment			A PORTO DE TOTO DE LA CONTRACTOR DE LA C		
the same of					
6	MT/1012992	Claim No.	001		
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ident No.	Yes No Path *	85W(40)(0)	Category •		pency * Description *
ident No.		_8	Browse Clear Please Select	✓ Norma	I Y
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25/9/2018