Date In: 27/10/18-17:46	Jeb description	Date & Time Completed	Done	: py
Ref No: NA JIN C180 Gigy Jay	SAS e-filing			
Veh No: 543709B	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 20/10/19-17:20	i-Motor Claim Form	M11016669-031	8/10/16	10.77
	i-Motor W/O (Within: OD 2)		81/13/18	(7.) 7
OD / TP / Reporting Only	i-Photo Uploaded	112, 77 4013)		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: Judy	MA'E INC	100.00	***	
Owner / Driver: (·	Tel:)	
	eriod: (Cover Type: (
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-		00%]	
	Warranty: YES ()/NO ()		
	000()/\$2,000()		and a second	
General Remarks:			123 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
() Walk-In Customer : Customer's info				
() Total Loss Case : to e-mail Insure				
Drive-In ()/Towed-In (); Invoice	:: YES() / NO();	Towing Co: ()
D. Het de la constant		2.000	790888	NC PIN COLUMN
Remarks:- (INC horline: 6788 6616)	FOR EXTRAORDED WIND AND ADMINISTRATION OF THE PARTY OF TH	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/C	Courtesy Car ()	Dates: Time Completed	Done	by
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/C	Courtesy Car ()	Date&Timb Completed	Done	by
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	Courtesy Car ()	Date& Lime Completed	Done	by
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car () ()			by
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ()		Done	by
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Courtesy Car () () 0000] () Invoice Pr	paration Checklist		
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NAIMORE Laimant's Particulars:	Invoice Pro 1) AR: Accider 2) DA: Darnage	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$8	Anic (s)	(I)
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NAIR6764 Rumant's Particulars:-	Invoice Pro 1) AR: Accider 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40. Through Survey \$1 Through Survey \$2 Through Survey (Resurvey)	Ant (S) 78 Bill 0) 7545 5120 \$30	Amt(1)
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA [206764] Rumant's Particulars:- river/Owner:	Invoice Pro 1) AR: Accider 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40. Through Survey (\$1. Through Survey (Resurvey) against INC Only (wef 10 Jan 2005)	Ant (S) 78 Bill 0) 7545 5120 \$30	Amt(1)
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NATE 264 Plaimant's Particulars: priver/Owner: contact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Profile Invoice Invoic	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40. Through Survey (Resurvey) Against INC Only (wef 10 Jan 2005) action + SMRT Survey 5 onal Services: y Car / Tpt Allowance Co-ordination onir Inspection	Ant (S) 75 Bill 0) 75 45 5120 575 5160 555 510 525	AHC(3)
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SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 5. 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.

ACC	שחוי	ит с	TATE		
ACC	IUC	MI 2	HAIL	TWILE IN	41

 Date Of Report
 22/10/2018 15:46

 Date Of Accident
 20/10/2018 17:20

Exact Location Of Accident JUNC AMK AVE 1 & AMK AVE 8

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX3709B

Insured/Policyholder

 Name Of Registered Owner
 SHANE LEE

 NRIC No
 \$1703516I

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-81000881

 Alternative Phone No
 OFFICE-81000881

Vehicle Particulars

Manufacturer LAND ROVER

Model FREELANDER 2 I6 AUTO HSE

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 5100713287

Cover Note Number

Driver

 Name of Driver
 SHANE LEE

 NRIC No
 \$1703516I

 Date Of Birth
 \$1/10/1965

 Occupation
 INDOOR

 Date Of Driving Pass
 09/03/2009

Driving Experience 9 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81000881

Fax Number

Contact Number OFFICE-81000881

EMail Address NOEMAIL

BLK 438 ANG MO KIO AVENUE 10 Address

#02-1331 560438

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

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 3 JUNC AMK AVE 1. THE TRAFFIC JUNCTION TURN YELLOW, SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR 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

SLD7039E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHIN HUI MIN BELINDA

NRIC/Passport Number

S9339564F

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.
- 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.
- 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 Signature

Name:

NRIC/FIN No .:

Ko Ave I.	8	A: 5177039E	
Ang Mo			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

eler to statement.	

DECLARATION

AWe declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

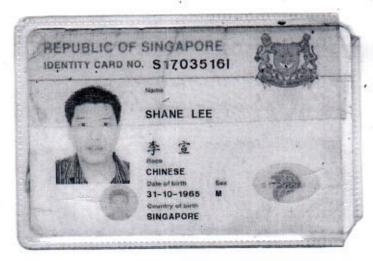
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





eBao Tech									计智	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			George Comme			• Change	Language	· Chang	e Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy f	No.				Date	of Accident	2	0/10/2018 1	7:20	
	Vehicle	No.(For Motor)	SLX370	9B		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100713287		SHANE LEE	S1703516L	GPC	drivo CLASSIC	SLX3709B	SLX3709B	15/05/2018	14/05/2019
						Continue					

Sequen	ce Date of Endorseme	nt I	Endorseme	nt Type	Endorsement	Status	Endorsement Content
	ements						
Insure	d Object: SLX3709B						
Jnit No.	02-1331	Relate Numb	d Policy er	5100713287			
Address 4			ss Type	Singapore address		Post Code	560438
Address 1	BLK 438 #02-1331	Addre	ss 2	ANG MO KIO AVEN	UE 10	Address 3	SINGAPORE 560438
□ Policyl	older Mailing Address			9=			
Certificate Info							
Policy Info							
Open							
Co- insurance Flag	No						
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Y	
OD Excess		TP Excess	0			Young	/Inexperience Driver Excess
Outside Singapore	600	Outside Singapore	0				
Additional Excess	0	OS Premium	0				
Excess	0	damage Excess	600		Excess	100	
Third Party		Own	100000		Windscreen		
Excess Type		All Claims Excess					
Policy issue Date	17/05/2018	Effective Date	15/05/20	18 00:00	Expiry Date	14/05/2019 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 438 #02-1331 ANG MO KI	O AVENUE 10 S	SINGAPORE	560438			
Certificate No.		001164					
Policy No.	5100713287	Policyholder Name	SHANE LE	E	Policyholder NRIC	S1703516L	

Claim Handling Accident MT/1016669						
Policy No.	5100713287		Vehicle No.	SLX37098	GST Registration No.	
Certificate No.				THE STATE OF THE S	Con Congress economics	
Policyholder Name	SHANE LEE				Spring believe \$1910	*********
Yoduct Code	PRIVATE CAR INSURA	NOT	Cover Type	drive CLASSIC	Policyholder NRIC	51703516L
Contact No.(Mobile)	81000861	The state of the s	Contact No.(DMce)	0	Loading	0
inal Address	STATE OF THE STATE OF		Special Remark	· ·	Contact No (Home)	0
FK:	® No ○ Yes		TCA TCA	0	eCode	[1/2 V
CD Protection	No.			® No ○Yes	eCode Reason	
Accident Details	100		NCD Entitlement(%)	10	Private Hire	No.
sport Date	No. of the Contract of the Con					
	22/10/2018 19:32		Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ate of Accident	20/10/2018		Time of Accident hh:mm	17:20	Country of Academs	Singapore
eporting Centre			Orange Force		ICM No.	
ccident Location	JUNC AMK AVE 1 & AN	MK AVE B				
Excess						
wn damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess		0.00	Outside Singapore OD Excess	600.00		
ned Party Excess		0.00	Outside Singapore TP Excess	0.00		
₽ Benefits				37.75		
GST Registered Inform	ation					
ST Registered	No			GST Registration Date		
ST Registration No.				GST Status Verified	Yes :	
odification History					10,110	
Policyholder Mailing Ad	ldress					
ddress 1	BLX 438 #02-1331		Address 2	ANG MO KIO AVENUE 10	Address 3	SINGAPORE \$60438
ddress 4			Address Type	Singapore address	Post Code	560438
nit No.	02-1331		Related Policy Number	5100713287		
OI Driver Info						
river Name	SHANE LEE		Onver Type	Main Driver		
nnamed driver Name			Driver NR3C	517035161	Driver DOB	31/10/1965
igister Date of Driver License	09/03/2009		Driver Age	52		
ontact No.(Mobile)	81000881		Contact No.(Office)		Driving Experience	9
ddress 1	BLK 438		Address 2	0	Contact No.(Home)	0
ddress 4	BLN. 4:30			ANG MO KID AVENUE 10	Address 3	SINGAPORE 560438
	20101.00		Address Type	Singapore address	Post Code	560438
Init No. loes he own a Singapore	05-1331					
egistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
eclaration			WINDS BOOK	Market Mark		
reathalyser or Blood Test eading?	0 mg		Any injury?	○ Yes ® No		
odification History						
Claim 001 New						
aim Type +	Ор-мх	v	920049300	and the same of th	(20/20)/05/14	
		0	Insured Name	SHANE LEE	Insured NRIC	\$1703516,
ontact No.(Mobile) Mail Address	81000881		Contact No. (Home)		Contact No.(Office)	
			OI Vehicle Number	SLX37098	TP Vehicle Number	SLD70396
aimant Type Claimant Type *	Please Select	V	Type of Benefit *	Please Select		
aimant Name. *		≥≥	Claimant NRIC *			
ermant Address						
aim Description	SLX37098 / SLD70396	ON 20 Oct 2018			Name of Preferred Workshop	
eferred Workshop Contact			Insured Liability *	Fully at Fault		
quire Finalisation	Yes	V	Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Received
rte Registered	22/10/2018 19:33		Claim Close Date		Date Received	22/10/2018 00:00
port Taken By	Jackson			100		No. 100 (100 (100 (100 (100 (100 (100 (100
Print AK letter		ni.				
Commercial						
				Save Submit		
Attachment						
7						
cident No.	MT/1016669		Claim No.	001		
st Doc. Received	® Yes ○ No		Upload Date	22/10/2018 19:34		
		ath *	#1000000000		Parent and	
	, n	word T	a.com	Category *	Confidential Urgen	2000
			Browse.		NO V Normal	
			Browse		NO V Normal	
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			Browse	Clear Please Select	FIG V Normal	V

