Date In: 31/16/18 - 14:14	Jeb description	Date & Time Completed	Done b	o.
Ref No: MA INCISOIS 14/24	SAS e-filing			
Veh No: SCHUEID	E-mail (within Shrs, AIC 2hrs)			040
D.O.A: 20 6 8 07 27	l-Motor Claim Form	1 cc-846/101/LW	31/0/18 19	1: n
	i-Motor W/O (Within: OD 2h			
OD (TP)! Reporting Only	i-Photo Uploaded	1		
TD	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:	HC 62776 . INC (.)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()) Warranty: YES () / NO ()		
	\$1,000()/\$2,000()			
General Remarks:		A Company of the Comp	See Section	
() Walk-In Customer: Customer's		ALLEGA CONTRACTOR OF THE PARTY		35 0000000000
() Total Loss Case : to e-mail In:	surer URGENTLY.		- 14	
Drive-In ()/ Towed-In (); Inv	roice: YES()/NO();7	Cowing Co: (,)
Remarks:- (INC hotline: 6788 6610		Date&Timb Completed	275236	
Apply for Transport Allowance (Lateschine Couline au	A CONTRACTOR OF THE PARTY OF TH	<i>y</i>
2) QC Check / Post Repair Inspection				
3) Upload Resurvey Photo [Repair Cost	()			
Optoba Resulvey Filoto [Repair Cost :	> \$3000] ()			
Injury:	> 33000] ()			
	233000] ()		Mario de la companya	·
Injury:	233000] ()		essions.	V-1. P.S. 1
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Injury:	33000]			
Injury: Date/Time Actions		paration Checklist	Ani((S))	Amt(3)
Injury: Date/Time Actions		paration Checklist		Amt(3) Add Bill
Injury: Date/Time Actions HANDON Sumant's Particulars:-	Invoice Pre 1) AR : Acciden 2) DA : Damage	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$6	Ant (S) Th Bill	100 400
Injury: Date/Time Actions HALOOK aimant's Particulars:-	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$200); Fee S40	Ant (5) / fi Bill 80) 0/545 \$120	100 400
Injury: Date/Time Actions HALDOOL Inimant's Particulars:-	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100);	Ant (5) 76 Bill 80) 0/\$45 \$120 \$30	100 400
Injury: Date/Time Actions HANDON aimant's Particulars:- iver/Owner: ritact No:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Fullow-T For claiming s 6) TR: Re-inspe	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); Fee \$40 Arough Survey Arough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005) Colion	Ani((5)) 76 Bill 80) 0/545 5120 530 1) 575	100
Injury: Date/Time Actions NANON Sumant's Particulars:- iver/Owner: ritact No:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Fullow-I For cleiming s 6) TR: Re-inspe 7) N1: Idao DA	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 hrough Survey hrough Survey (Resurvey) Isoinst INC Only (wef 10 Jan 2003) otion + SMRT Survey	Ani((5)) 76 Bill 80) 0/545 \$120 \$30	100
Actions NANDON Actions Actions aimant's Particulars:- iver/Owner: maged Portion:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idao DA 3) NTUC Additi OD.*	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2003) otion + SMRT Survey onal Services:	Ant (5) 76 Bill 80) 0/\$45 \$120 \$30 6) \$75 \$160	100 400
Date/Time Actions NANDON Injury: Cartinative Actions Particulars: Injury: Injury: Particulars: Injury:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 8 6) TR: Re-inspe 7) N1: Idao DA 3) NTUC Additi OD* *N5: Courtes)	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2003 etion + SMRT Survey onal Services:-	Ani((5)) 76 Bill 80) 0/545 5120 530 5) 575 5160	100 400
Date/Time Actions NANDON Impury: Contact No: Impury: Contact No: Impury: Contact No: Con	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idao DA 3) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); Ree \$40 Arough Survey Arough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2003 cition + SMRT Survey conal Services: Confidention air Inspection	Ant (5) 74 Bill 80) 0/545 \$120 \$30 575 \$160 \$55 \$510 \$25	100 400
Injury: Date/Time Actions NANDON Inimant's Particulars:- river/Owner: Ontact No: Imaged Portion: C Checked by (Engr-In-Charge): Inditors! Comments:-	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2003 cition + SMRT Survey onal Services: Cor/Tpt Allowance co-ordination air Inspection licet Excess Coordination	\$30 \$16.Bill \$30 \$75 \$120 \$30 \$75 \$160 \$5 \$5 \$5 \$5 \$5	100 400
Date/Time Actions NANDON Impury: Contact No: Impury: Contact No: Impury: Contact No: Con	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 Arough Survey Arough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005 ction + SMRT Survey onal Services:- Car/Tpt Allowance o-ordination mir Inspection Hect Excess Coordination (Non INC) against INC	\$30 \$120 \$30 \$15 \$120 \$30 \$15 \$160 \$25 \$35 \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	100 400

Francisco (Contractor)

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.
- 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 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.
- 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.

海湾运车车的	ACCIDENT STATEMENT
Date Of Report	31/10/2018 14:14
Date Of Accident	30/10/2018 07:55
Exact Location Of Accident	TAMPINES AVE 8 TWDS TAMPINES AVE 1
Country/State of Loss	SINGAPORE
Water to the second of the sec	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN481D
Insured/Policyholder	
Name Of Registered Owner	GLENN PETER BYRNE
Passport No/FIN	G5640334K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98215720
Alternative Phone No	OFFICE-98215720
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	ORLANDO 1.4AT TURBO
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090619501-01
Cover Note Number	
Driver	
Name of Driver	BYRNE GLENN PETER
Passport No/FIN	G5640334K
Date Of Birth	21/01/1969
Occupation	INDOOR
Date Of Driving Pass	16/05/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98215720
Fax Number	
Contact Number	OFFICE-98215720
EMail Address	NOEMAIL

Address 418 TANJONG KATONG ROAD

Postcode 437137

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?

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

1

YES

NO

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6255G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 Per

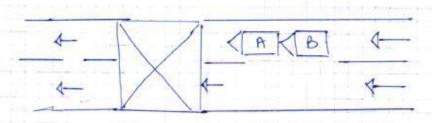
nnel's Signature

Name:

NRIC/FIN No.:

Vehicle A: SLN 481D

Unide B: SAC 62559.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was driving on the
Stated Venu. When the front vehicle stopped & 1 stopped
Suddenly ruchicle B-(SHC6255G) hat and the Rear Portion
-56 my vehicle SEN481D.
In less than a minute after 1 stopped my vehicle SIN4810,
Vehicle B SHC 62556 hit onto the Rear Portion of my
car.

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)

pate & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle No.	SLN 481D Model/Make Chevelot.
Date of Accident	30 10 2018
Time of Accident	7.55am. HRS
Location of Accident	Tampine Ave 8 towards Tampines Ave 1.
Exact purpose use during acci	
Name of Owner	BYRNE GLENN PETER.
Telephone No.	H/P: 98215720 . Home: Office:
NRIC	G5640334K.
Address	418 Tanjong Katong Road 437137.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC:
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	Comprehensive minurary minurary / mey mere
Name of Driver	As Above I No,
NRIC	G 56403341 Any Passengers: O
Date of birth	21 Jan 1969
Occupation	Outdoor / Indoor
Driving License Pass Date	16 may 2007.
Gender	Male / Female
Contact No.	H/P: 98215720. Home: Office:
Address	418 Tanjong Katung Road 437139.
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SHC 6255G. Any Passengers: O-
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear Portion
Camera Recorder	Yes (No
Email Address	glenne paraconsulting com
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
PARTICULAR WORKSHOP	Turnear Automotivie pté CTO
CONSTRUCT SIG	6842 0051 / 6744 0510
CONTACT NO.	
CONTACT PERSON	ION



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Shupter 91A)
Republic of Singapore

CARE GROUP SINGAPORE OPERATIONS PTE. LTD.



17707855

YOU ARE LICENSED TO DIENE VEHICLES IN THE FOLLOWING PERSON

Class 3 Motor cars with unladen weight =< 3300kg with =< 7 passengers, exclusive of drivert and other motor vehicles with unladen weight =< 2500kg

Licence No. 356403344

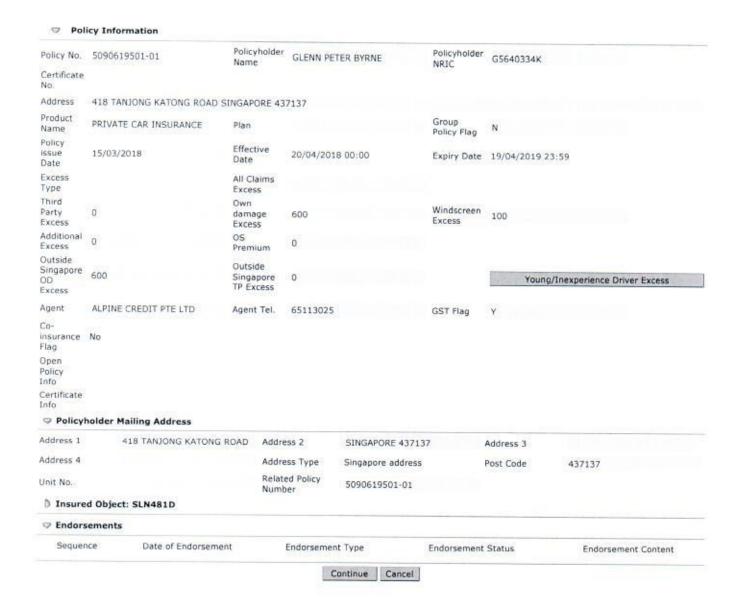
NP 428A

VISIT PASS

BYRNE GLENN PETER

21-01-1969 M 21-01-1969 M FIN Date of Italie G5640334K 08-03-2017 YOU ARE TO BURNEHURB THIS CAND WHEN IT IS CANCEL. OR HAS EXPINED, ON WHEN A HENY CAND IS MENUED TO YOU

eBao Tech						GeneralClaim					
Hello, NAC_PAYA_UBI_800601			A A CONTRACTOR		THE REAL PROPERTY.	• Change	Language	· Chan	ge Password	· Log Out	
My Desktop Notice of Loss	Poli	cy Query									,
	Policy I	No.				Date	of Accident		30/10/2018	07:55	
	Vehicle No.(Far Motor)		SLN48	SLN481D		Certificate Number		1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090619501- 01		GLENN PETER BYRNE	G5640334K	GPC	drivo PREMIUM	SLN4810	1000	20/04/2018	19/04/2019
					1	Continue	I				



Claim Handling					· E
Accident MT/1017928					
Policy No.	5090619501-01	Vehicle No.	SLN481D	GST Registration No.	
Certificaté No.					
Policyholder Name	GLENN PETER BYRNE			Policyholder NR1C Loading	G5640334K
Product Code Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type			0
Email Address	98215720	Contact No.(Office)	0	Corcect No.(Home)	0
KPK	® No ⊜Yes	Special Remark	8	eCode	NE V
NCD Protection	Yes Yes	TCA NCD Entitlement(%)	® No C Yes	eCode Reason	
✓ Accident Details	1000	NED Encounters(ve)		Private Hire	No
Report Date	31/10/2018 14:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/10/2018	Time of Accident hh:mm	07:55		
Reporting Centre	34 24 24 24 24		07,33	Country of Accident	Singapore
Accident Location	TAMPINES AVE 8 TWDS TAMPINES AVE 1	Orange Force		ICM No.	
© Excess	THE PART AND THE PART OF THE PART OF THE				
Own damage Excess	600.00	Additional Excess	0	Orienteropean Former	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	Windscreen Excess	100.00
Trind Partly Excess	0.00	Outside Singapore TP Excess	0.00		
♥ Benefits					
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venified	Ves	
Modification History					
▽ Policyholder Mailing Ad	Mrass				
Address 1	418 TANIONG KATONG ROAD	Address 2	SINGAPORE 437137	Address 3	
Address 6		Address Type	Singapore address	Post Code	437137
Une No.		Related Policy Number	5090619501-01	7487 5005	437137
OI Driver Info			333041334-01		
Driver Name	. Byrne Glenn Peter	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G5640334K	Driver DOB	21/01/1969
Register Date of Onver License	16/05/2007	Driver Age	49	Driving Experience	11
Contact No. (Mobile)	96215720	Contact No.(Office)	0	Contact No.(Home)	n
Address 1	418 TANJONG KATONG ROAD	Address 2	SINGAPORE 437137	Address 3	
Address 4		Address Type	Singapore address	Post Code	437137
Unit No.					
Does he own a Singapore Registered car?	O Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Claim Type •	00-MX	Insured Name	GLENN PETER BYRNE	Total MRIC	GEE40224V
Contact No.(Mobile)	98215720	Contact No.(Home)	52477863	Insured NRIC Contact No. (Office)	G5640334K
Email Address	glenn@palaconsulting.com	OI Vehicle Number	SLN481D	TP Venecie Number	SHC6755G
Claimant Type Claimant Type *	A CONTRACTOR OF THE PARTY OF TH	Type of Benefit *	Please Select	To year a number	374,02330
Claimant Name +	22	Claimant NRIC *			
Claimant Address				7	
Claim Description	SUN481D / SHC6255G ON 30 Oct 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	ii - 1000)	
Require Finalisation	Yes 🔍	Preferered Repair Option	Proferred Workshop, Name unknown	GIA report	Received
Date Registered	31/10/2018 14:27	Claim Close Date		Date Received	31/10/2018 00:00
Report Taken By	Jackson			200 05 PS 0111	Values and the second s
Print AK letter					
			Save Submit		
Attachment					
×					
Accident No.	MT/1017928	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	31/10/2018 14:28		
	Path *	12 YEAR OF FRA.	Category +	Confidential Urgen	cy * Description *
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		Browse		V Normal	y
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