Date In: 0/1/18-14:45	Itre Services well Janes Job description	Date & Time Completed	Done	e by
Ref No: MAIMC18020077 124	SAS e-filing			
Veh No: Mc 901E	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 3/11/18-21:45	i-Motor Claim Form	m/1018545-001	alula w	. Th
_	i-Motor W/O (Within: OD 2		110 77	
OD . Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: E	289 H INC	()/Non-INC()	(K)	
Owner / Driver: (Tel:)	
Policy No: (Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 30-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
	1,000 ()/\$2,000 ()		-	
General Remarks;-		Dalem Stephenson Care	Transfer Sign	
() Walk-In Customer: Customer's in	nformation strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	urer URGENTLY.	The state of the state of		
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO();	Towing Co: (*)
Remarks:- (INC hotline: 6788 6616)	(8)	Date&Time Completed	Done	chy
TOTAL PROPERTY OF THE PROPERTY	Carrier to the contract of the		0.1111	
1) Apply for Transport Allowance ()	/Courtesy Car ()			
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()	**		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	()	eparation Checklist	Ant((s))	Amt (3)
2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	()		fit Bill	Amt (3)
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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,
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	05/11/2018 14:45
Date Of Accident	03/11/2018 21:45
Exact Location Of Accident	PIE (TUAS) AFTER CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC901E
Insured/Policyholder	
Name Of Registered Owner	YIRENTAL
Co Reg No	53386037K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91557911
Alternative Phone No	OFFICE-91557911
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103946117
Cover Note Number	
Driver	
Name of Driver	CHAN YONGJIE, BENJAMIN
NRIC No	S8212996J
Date Of Birth	26/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82220645
Fax Number	
Contact Number	OFFICE-82220645
EMail Address	NOEMAIL

BLK 859 JURONG WEST STREET 81 Address

#02-578

640859

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

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? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

Passenger 2

NAME: . .

GENDER: : MALE

Passenger 3

NAME: : CHAN YU HAN CALISTA

GENDER: : FEMALE

Passenger 4

NAME: S --

GENDER: : FEMALE

Passenger 5

NAME:

GENDER: : FEMALE

Passenger 6

NAME:

9 2

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 4 PIE (TUAS) FILTERING OUT FROM CLEMENTI AVE 6. VEHICLE IN FRONT OF ME JAMMED BRAKE SO I JAMMED BRAKE ACCORDINGLY. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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

E289H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LESLIE CHAN NRIC/Passport Number S7506117Z

Contact Number 97635128

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME:

GENDER:

Passenger 2 NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name CHAN YONGJIE, BENJAMIN

Approximate Age

Injuries Sustain BACK Injured person in which vehicle? SMC901E Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name CHAN YU HAN CALISTA

Approximate Age

Injuries Sustain HIP

SMC901E Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

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 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:
 - (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.

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 .:

SKETCH PLAN		
PIE CHAU)	MAKB I	A: SMC 901E B: E 289H
DESCRIBE CIRCUMSTANCE	Mes Commons Constraint of Constraints	
DECLARATION I/We declare the foregoing part	ticulars are true in every respect.	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

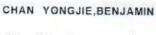
Date & Time:

Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE



IDENTITY CARD NO. \$8212996J







CHINESE
Date of birth
26-04-1982
Country/Place of birth
SINGAPORE

Sex M













Claim Handling The premium on this policy has Accident HT/1018345	not been collected.				ð
PORCY No.	5103946117	Vehicle No.	SMC901E	GST Registration No.	
Certificate No.					
olicyholder Name	YI RENTAL			Policyholder NRIC	53386037K
Yoduct Code	PRIVATE CAR INSURANCE	Cover Tyge	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91587911	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	Thi V
PK:	® No □ yes	TCA	® No ○ Yes	«Code Reason	T-market
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details			15		1100
egget Date	05/11/2018-22:57	Acodent Report Within 24 hrs	Vec	Accident Type	Collision - Head to Rear
ate of Accident	03/11/2016	Time of Accident his min	21:45	Country of Accident	Singapore
sporting Centre		Orange Force	10001000	IOM No.	S0000000000000000000000000000000000000
ccident Location	PIE (TUAS) AFTER CLEMENTI AVE 6 EXIT	ARTON CONTRACTOR		1,1521,0,700	
Excess					
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
married Driver Excess		Outside Singapore OD Excess	2,000,00		
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
V Benefits	(Approximate)		-		
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Venified	No	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	BLK 227A #15-246	Address 2	SUMANG LANE	Andress 3	THE VERANDAH & MATILDA
idress 4	SINGAPORE 821227	Address Type	Singapore address	Post Code	821227
nit No.	15-246	Related Policy Number	5105013166		
OI Driver Info					
iver Name	Unnamed Driver	Onver Type	Unnamed Driver		
nnamed driver Name	OHAN YONGJIE, BENJAMIN	Driver NRIC	582129967	Driver DOB	25/04/1982
igober Dabe of Driver License		Driver Age	36	Driving Experience	12
oritact No.(Mobile)	82220645	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	8LK 859	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640859
odress 4		Address Type	Singapore address	Post Code	640859
nt No.	02-578				
oes he own a Singapore againered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
reathalyser or Blood Test eading?	0 mg	Any injury?	® res ⊙ No		
odification History Claim 001 here					
aim Type *	OD-MX 🔻	Insured Name	YI RENTAL	Insured NRIC	53386037K
ntact No (Mobile)	91557911	Contact No.(Home)		Contact No. (Office)	NDL
nail Address		Of Vehicle Number	SMC901E	TP Vehicle Number	£289H
aimant Type Claimant Type •		Type of Benefit *	Please Select		
smant Name *	23	Claimant NRIC *		9.7	
simant Address					
aim Description	SMC901E / E289H DN 3 Nov 2018		W.	Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		Production - California
quire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ite Registered	05/11/2018 22:58	Claim Close Date		Date Received	05/11/2018 00 00
port Taken By	Jackson				
Print AK letter					
Attachment			Save Submit		
2					
pident No.	MT/1018545	Claim No.	001		
ist Doc. Received	● Yes ○ No	Upload Date	05/11/2018 23:00		
the state of the s		Married Marie		200000000000000000000000000000000000000	1921
	Path *		Category *	Confidential Urgen	THE PARTY OF THE P
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		Browse	Clear Please Select	Normal V Normal	×

