Date In: >41/18-1132	11 CONTROL OF 101 401			
	Jcb description	Date &Time Completed	Done	py
Rel'No: NO 14C8021286/24	SAS e-filing	i .		
Veh No: 5046627	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 24/1/8-14:12	i-Motor Claim Form	M7 102 1319-001	26/11/18	11:50
	i-Motor W/O (Within: OD 2	irs, TP 4brs)		
OD / TP / Reporting Only	i-Photo Uploaded		- NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	No.
TD.	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:	J FG JJJ Z INC	( )/Non-INC( )	41	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-1	00%]	
Year of Registration: (	) Warranty: YES ( ) / NO (	)		The state of the s
Excess: (S ) Loading:	\$1,000( )/\$2,000( )			
General Remarks:-			Con Si	
( ) Walk-In Customer: Customer's	information strictly Confidential & S	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail In	surer URGENTLY.			
Drive-In ( )/Towed-In ( ); Inv	voice: YES( ) / NO( );	Towing Co: (		)
Remarks:- (INC hotline: 6788 661)	6)	Date&Time Completed	Done	by
3000 1000000000000000000000000000000000	) / Courtesy Car ( )			
The second secon	CONTRACTOR CONTRACTOR (CONTRACTOR)			
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost]	> \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )			
	> \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost	( ) >\$3000] ( )			
Upload Resurvey Photo [Repair Cost     Injury :	( ) >\$3000] ( )			
Upload Resurvey Photo [Repair Cost     Injury :	( ) > \$3000] ( )			
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Upload Resurvey Photo [Repair Cost     Injury :	( ) > \$3000] ( )			
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3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions	Invoice Pr	eparation Checklist		Am.(\$)
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3) Upload Resurvey Photo [Repair Cost.  Injury: Date/Time Actions  HA & 07714	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing	eparation Chrcklist int Reporting (\$30); to Assessment (\$100); INC (\$8	Anet (5) 191 Bill 10) 10345	
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3) Upload Resurvey Photo [Repair Cost.  Injury:  Date/Time Actions  HASONIU  Laimant's Particulars:- river/Owner: ontact No:	Invoice Pr  1) AR: Accide 2) DA: Dama; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimint	eparation Checklist  IntReporting (\$30); ge Assessment (\$100); INC (\$8; gree \$40; Through Survey Through Survey (Resurvey) geainst INC Only (wef 10 Jan 2005)	Anet (\$) 7st Bill 80) 0/\$45 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost.  Injury: Date/Time Actions  HASONIU Inimant's Particulars:	Invoice Pr  1) AR: Accide 2) DA: Dama; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimint 6) TR: Re-ins 7) N1: Idae D.	eparation Checklist  IntReporting (\$30); ge Assessment (\$100); INC (\$8 ; Fee \$40  Through Survey  Through Survey (Resurvey) geainst INC Only (wef 10 Jan 2005) pection  A + SMRT Survey	Ant (5) 78 Bill 10) 0/\$45 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost  Injury: Date/Time Actions  HASONY Inimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D. 8) NTUC Add	eparation Chrcklist  Int Reporting (\$30); ge Assessment (\$100); INC (\$30); ge Fee \$40  Through Survey Through Survey (Resurvey) gegainst INC Only (wef 10 Jan 2005) pection	Ant (5) 7st Bill 10) 0/\$45 \$120 \$30 ) \$75	
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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.
- 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.
- 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.

aforesaid.	
THE REAL PROPERTY OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	26/11/2018 11:37
Date Of Accident	24/11/2018 14:10
Exact Location Of Accident	WOODLANDS AVE 2
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU4662J
Insured/Policyholder	
Name Of Registered Owner	LEOW SI LENG
NRIC No	S8136865A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91177339
Alternative Phone No.	OFFICE-91177339
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G 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	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	5100374664
Cover Note Number	
Line particular and a second control of the	

#### Driver

 Name of Driver
 LEOW SI LENG

 NRIC No
 \$8136865A

 Date Of Birth
 07/11/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 11/05/2015

Driving Experience 3 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91177339

Fax Number

Contact Number OFFICE-91177339

EMail Address NOEMAIL

Address BLK 173 WOODLANDS STREET 13

#01-417

Postcode 730173

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

3

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SJF9575Z

Vehicle Make/Model/Colour NISSAN LATIO

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LEE WEI YU
NRIC/Passport Number S8936952E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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 withinciding 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 dark of the insurance companies.
- Any faise 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)

t understand, acknowledge, agree and consent that:

- (2) 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 Monstery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - processing, handling and/or dosting with my daims including the settlement of the claims and any necessary investigations relating to the daims;
  - (ii) investigating the accident and/or my cisims;
  - (Ri) 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) consplying with applicable low in administering, processing, handling and/or dealing with my cisins (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this occident and the insurers' lawyers/law firms, may/are parafited
  to pollect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (a) thy 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 Singaporo, for one or more of the above Purposes.
- (b) 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 dates.
- (a) the information so collected under (d) above thay 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: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Parsonnel's Signature

Name:

NRIC/FIN No.:

ETCH PLAN
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ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
on 24/11/18 at around 14:11, vehicle A was
raveling from Woodland Ave 2, Ushide A turn left and
Ollided Vehicle B.
Office D.
DECLARATION  (Ave declars the foregoing particulars are true in every respect.
The state of the s

Policyholder's Signature

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner a Signature

Name:

NRIC/FIN No.:

Date of Accident	24/11/18 Accident Time: 14: 11 (24-HR-Format)
Accident Place	: Woodkind Ave 2
Vehicle Reg. No. (Car Plate No.)	: SJLJ 4662J
Vehicle Make/Model	: Honda FH 1.3G A
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No.	LEOW SI LENG
Owner or Company Contact No.	: 917 7339 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: LEOW SI LENG
DRIVER'S Date Of Birth	:07 /11/1981 DRIVER'S License Pass Date 11 May 2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	:APT BLK 173 WOODLANDS STREET 13 #01-417
DRIVER'S Contact No./ Alt No.	:1) 9117 7339 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: weiguan 0312@gmail.com
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Oriver):
Was there any video Captured by o Exact purpose for which vehicle w	car camera: YES \ XO ras being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SJF 9575	Z Vehicle Reg. No:
Vehicle Make Model: Nissan	Latio Vehicle Make\Model:
Name Driver: LEE WEI YL	Name Driver:
IC No. Driver: 58936952	Pris - Sall All Control of the Contr
Driver's Contact & Add:	Driver's Contact & Add:

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8136865A





Name.

LEOW SI LENG

寥 思

CHINESE Date of birth 07-11-1981

Country of birth SINGAPORE -- 1000-





NAME NO. S8136865A

27-07-2012

Address

APT BLK 173 WOODLANDS STREET 13 #01-417 SINGAPORE 730173



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 11 May 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A



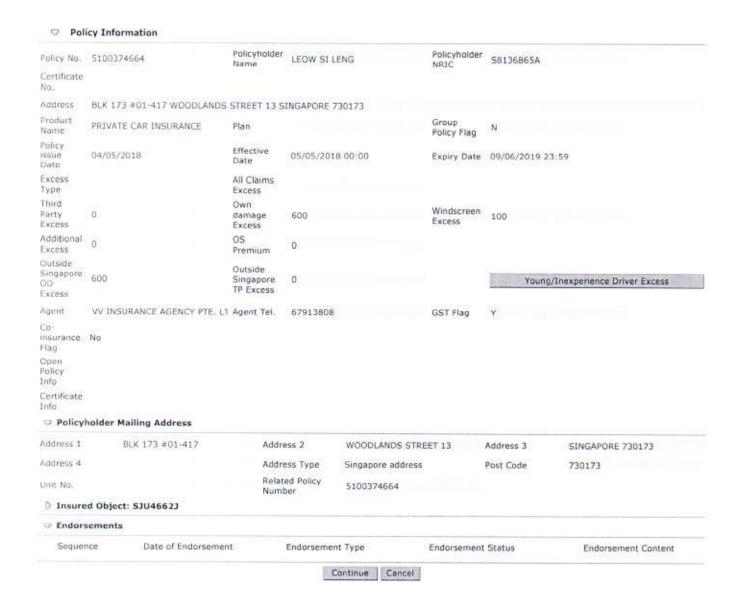
## Certificate of Insurance

	TOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	
	tificate Number: 5100374664	Cover : drivo CLASSIC
	Index mark and Registration Number of Vehicle	: SJU4662J
	Chassis Number	: GE61214680
	Name of Policyholder	: LEOW SI LENG
	Effective Date of Insurance	: 05 May 2018
	Expiry Date of Insurance Persons or Classes of Persons entitled to drive#	: 09 Jun 2019
	(a) The Policyholder. (b) Any other person who is driving on the Policyholder.	aldor's arder as with his /her parmission
		accordance with the licensing or other laws or regulations to driv
	the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driv	d is not disqualified by order of a Court of Law or by reason of any
6.	Limitations as to Use#	ving the Motor Venicle.
		and in connection with the Policyholder's business or profession.
	Policy does not cover	and the second of the second o
	(a) Use for hire or reward.	
	(b) Use for racing, pace-making, reliability trial or s	peed-testing.
	(c) Use for the carriage of goods (other than sampl	
	<ul><li>(d) Use for any purpose in connection with the Mo</li></ul>	
		f the Motor Vehicle (Third Party Risks and Compensation) ansport Act, 1987 (Malaysia), are not to be included under these
EXC	ESS (SECTION 1)	: \$\$600
EXC	ESS (SECTION 2)	: N/A
WII	NDSCREEN EXCESS	: S\$100
ADI	DITIONAL EXCESS	: N/A
JN	NAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REP	AIR AT OWNER'S PREFERRED WORKSHOP	: NO
NS	URE WITH COE	; YES
VCI	PROTECTION	: NO
RA	NSPORT ALLOWANCE	: NO
	ESS WAIVER	: NO
300	MARY DRIVER	: LEOW SI LENG
	MED DRIVER (1)	: N/A
NA	MED DRIVER (2)	: N/A
075	E PURCHASE COMPANY	: N/A
	/ INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

**Authorised Officer** 

Chief Executive





ccident MT/1021319						
	5100274664		50235918	231222		
olicy No.	5100174064		Vehicle No.	51046623	GST Registration No.	
ortificatii No. oloyholdei Name	LEOW ST LENG					
roduct Cope		ine.	2000	1770 St - 1750 -	Policyholder NR3C	58136865A
	PRIVATE CAR INSURA	4CE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	91177339		Contact No. (Office)	D	Contact No. (Home)	0
naé Address			Special Remark		eCode	1 V
* .	@ No. O Yes		TCA	® No ○ Yes	eCode Reason	
D Protection	No		NCD Entitlement(%)	Ď	Private Hire	No
Accident Details						
port Date	26/11/2018 11:49		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ta of Acodem	24/11/2016		Time of Assident hhomm	14:10	Country of Academi	Singapore
porting Centre			Orange Force		JCM No.	
cident Location	WOODLANDS AVE 2					
Excess						
n damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		0.00	Outside Singapore OD Excess	600.00		
rd Party Excess		0.00				
		0.00	Outside Singapore TP Excess	0.00		
Benefita	0200					
SST Registered Inform						
Regimered	No			GST Registration Date		
T Registration No.				GST Status Ventied	Yes	
dificultion History						
Policyholder Mailing Ad	idress					
fress 1	Bux 172 #01-417		Address 2	WOODLANDS STREET 13	Address 3	S2NGAPORE 730173
trass 4			Address Type	Singapore address	Post Code	730173
it No.			Related Policy Number	5100374664	ASSESSES	Macount!
OI Driver Info			Company Court conditions			
ver Name	LEOW ST LENG		Driver Type	Main Driver		
named driver Name	LEON DI LENO		Driver NRIC	58136865A	Deliver DOS	***************************************
pater Date of Driver License	11/05/2015				Driver DOB	07/13/1981
			Driver Age	37	Driving Experience	1
tact No.(Modele)	91177339		Contact No:(Office)	0	Contact No.(Home)	0
Iress I	BUK 173		Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730173
tress «			Address Type	Singapore address	Post Code	730173
r.40.	01-417					
es he own a Singapore gistered carf	○ Yes  ® No		Driver Vehicle No.		Driver Insurer Company	
Saration						
athelyser or Blood Test	0 ma		Any Intury?	C) Yes (\$0.80)		
deration eathelyser or Blood Test ading?	0 mg		Any injury?	○ Yes ® No		
athelyser or Blood Test	0 mg		Any injury?	○ Yes (♥ No		
sthelyser or Blood Test ding? dication History	0 mg		Any injuny?	○ Yes (®) No		
amelyser or Blood Test ding? fication History failm 001 New	A)	. I			Intered Nate	CAL MARKS
atheysper of Blood Test ding?  Infection History  Talim 001 New  In Type *	ор-мк	V	3nsured Name	LEOW ST LENG	Insured NRIC	5812005A
atheyser of Blood Test ding?  If ention History  Inim 001 New  In Type *	ОО-МК  91177339		ansured Name Contact No. (Home)	LEOW ST LENG	Contact No.(Office)	
atheyser of Blood Test ding?  Incution History  Inim 001 New  In Type *  Sact Nu (Mobile)  If Address	ОО-МК 91177339  beebeeleow@hatmail.co	om	Insured Name Contact Ns.(Home) OI Vehicle Number	LEOW SI LENG NOL S3,146623		36130065A 51P9575Z
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imelyser or Blood Test sing?  fication History  aim 001 New  in Type *  [act Nu_[Mobile]  ii Addless  nam Type Clamant Type *  nam ware. *	ОО-МК 91177339  beebeeleow@hatmail.co	om	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit, +	LEOW SI LENG NOL S3,146623	Contact No.(Office)	
striction History  fication History  faim 001 New  In Type *  Sact Nu_(Mobile)  If Address  mant Type Claimant Type *  man wane *  man Address  m Opercyption	ОО-МК 91177339  beebeeleow@hatmail.co	om V	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit, +	LEOW SI LENG NOL S3,146623	Contact No.(Office)	
straiger or Blood Test sing?  fleation History  laim 001 Netw  m Type * sact Nu_Mebrel  if Address mant Type Claimant Type * man wane * man Address m Overrighten	OD-MK 91177339 beebeeleow@hotmail.c Please Select	om V	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit, +	LEOW SI LENG NOL S3,146623	Corract No. (Office) TP Vehicle Number	
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